

Name  
in  
Full

Key Barker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month DEC	Day 15	Years	Months 6	Days
Sex	Male	Color or Race	White	Age	Birth-place	Cumbt
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		John Barker		
Father's Name				Cumbt		
Mother's Maiden Name				Cumbt		
Name of person giving Information		John Barker		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long	6 days
Immediate	Asphyxia		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W.R. Hodges M.D.	
		Address	Cumberland, Md.	

Accident or Suicide?



Name  
in  
Full

Mary Hamilton Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Female	Color or Race	White		Birth-place	W Va
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Espey Barnes			Father's Birthplace
Father's Name	Jas Weir			Scotland		
Mother's Maiden Name	Mary			Mother's Birthplace		
Name of person giving Information	Barnes			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chole Cystitis & Acute Gastritis

How long

1da

Immediate

Exhaustion

How long

1da

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Bro. L. Bradbury,  
Mo  
Cumberland, Md

Accident or Suicide?

No



Name

in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant. Thos Barry

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Cumberland

Alleghany

Date

Month

Day

Years

Months

Days

of death 1905

Dec

13

Age

Sex

Male

Color or  
Race

White

Birth-  
place

Cumberland

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Thos. Barry

Father's  
BirthplaceMother's  
Maiden Name

Miss Wight

Md.

Name of person giving  
Information

Thos. Barry

Mother's  
Birthplace

Cumberland

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Congenital Valvular Heart Disease

How long

1 day

Immediate

Exposure

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Jr.

Signature of  
Physician

Address

Edward Harris  
Cumberland Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Sarah E. Bely

CERTIFICATE OF DEATH

MARYLAND

Died at		town	County			
Cummehland		Allegany				
Date of death	Month	Day	Years	Months	Days	
1905	Oct	9	63			
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name	Husband	Oliver Bely			
Father's Name	Patrick Grams					
Mother's Maiden Name	Sarah Grams					
Name of person giving information	J.W. Fahy					

CAUSES OF DEATH

Primary	Dissey Hobnail Sis	How long
Immediate	7 hours	How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J.W. Fahy

Accident or Suicide?

5 chain

69 Humboldt St.

Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Elizabeth Bloss

Town

County

Died at North Branch

Carney

MARYLAND

Date of death 1905 Month Day

Years

Months Days

Dec 1

78

Sex Female

Color or Race

White

Birth-place

Germany

Occupation

House Keeper

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

-

Father's Birthplace

Widow

Father's Name

-

Mother's Birthplace

Mother's Maiden Name

-

How related  
to deceased

Name of person giving  
Information

George W Bloss

Son.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

old age & general debility

How long

2 years

Immediate

Exhaustion

How long

2 weeks

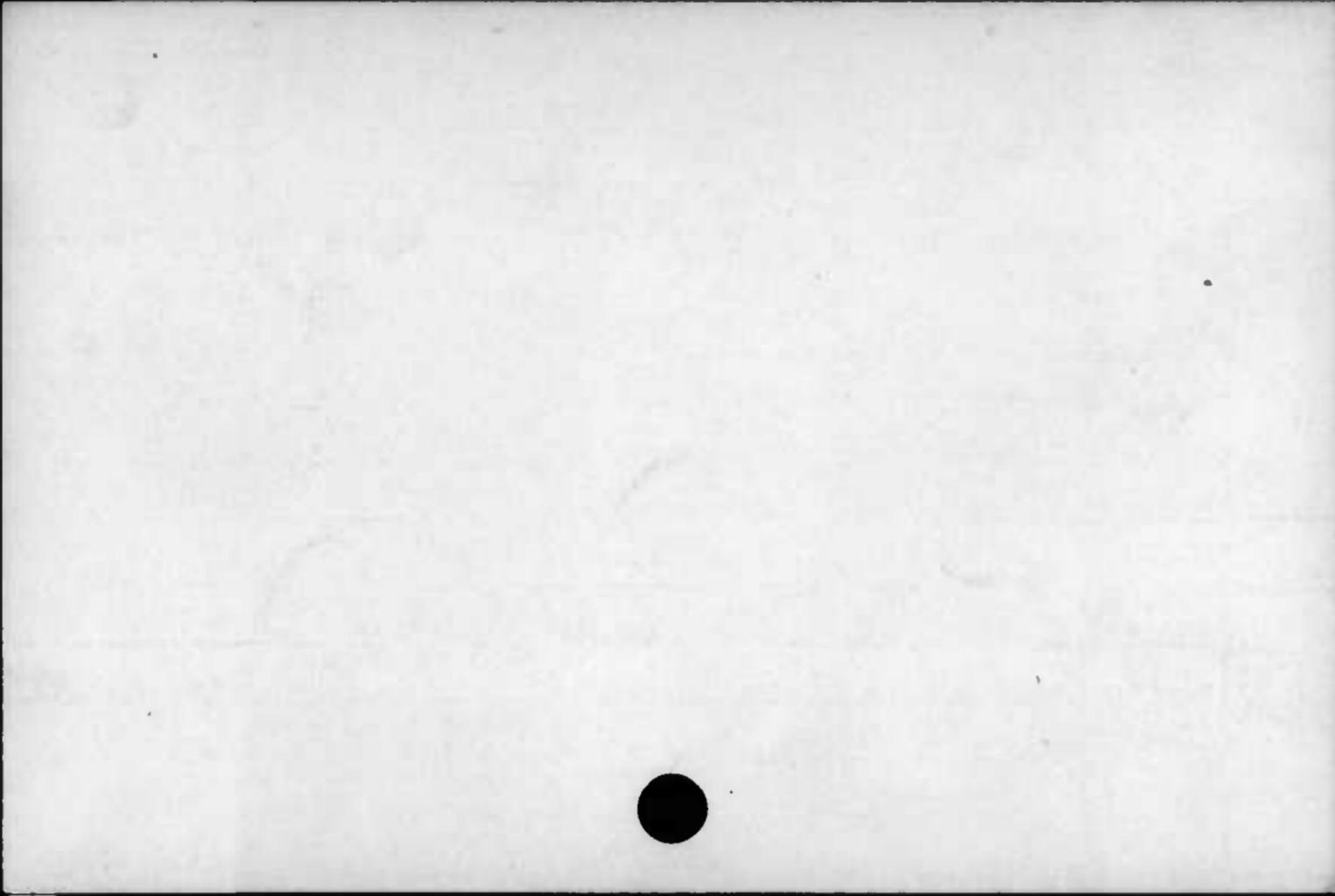
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

W. F. Surg,  
Anesthetist



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant Brown (M. M.)  
Town County  
Died at Cumberland Allegy

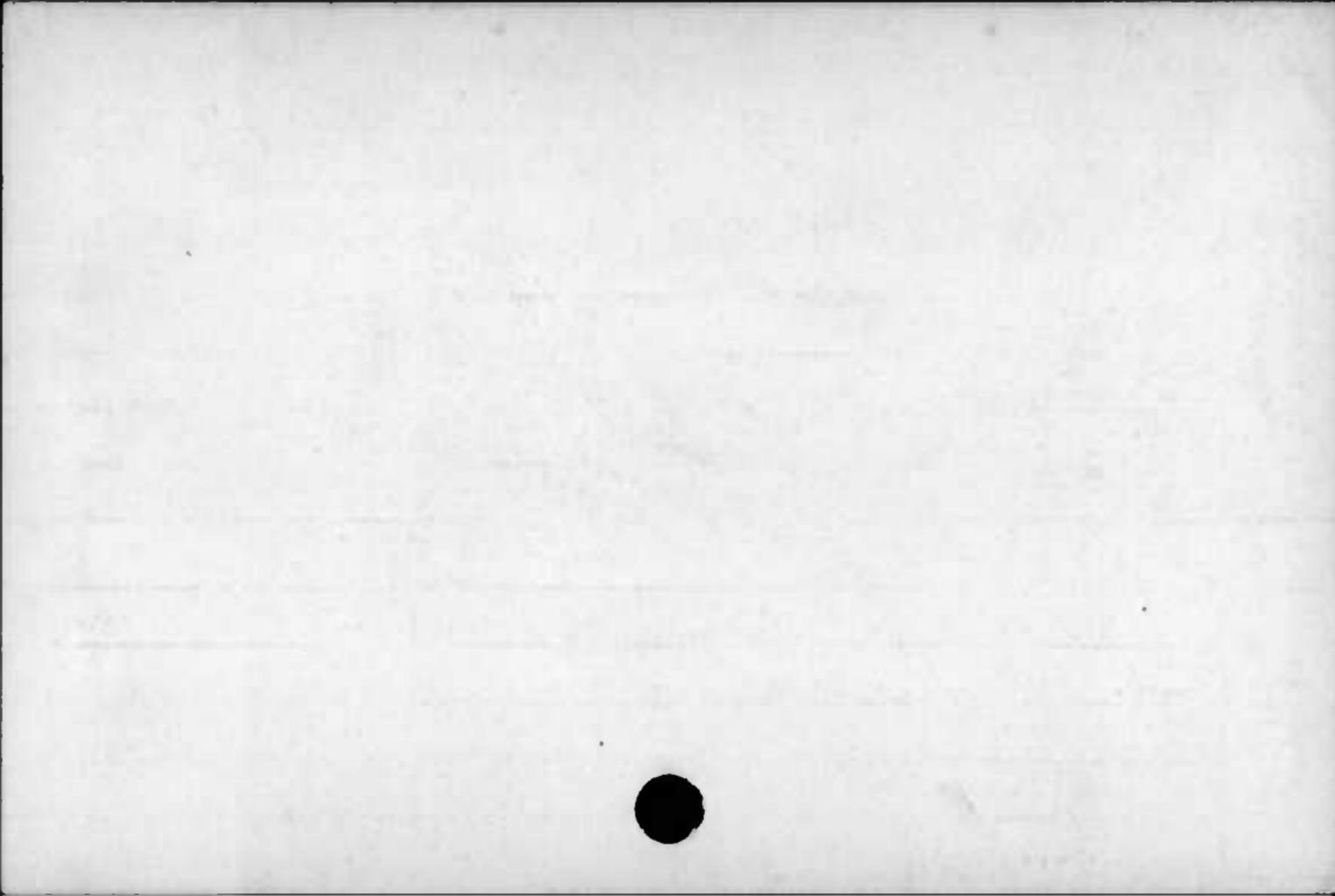
CERTIFICATE OF DEATH

MARYLAND

Date of death	Month	Day	Years	Months	Days
1905	Dec	13	-	-	-
Sex	Male	Color or Race	Colorado	Birth-place	Cumberland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Bessie Jones Gold				
Mother's Maiden Name	Albert Brown				
Name of person giving information	Bessie Jones				

CAUSES OF DEATH

Primary	Natural Causes	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address	
yes	C. H. Grace Cumberland Md 140. Alleg. Co	
Accident or Suicide?		



Name  
in  
Full

Andrew Brusckha

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Cumberland Allegany

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1905 12

3

Age About 30

Sex

Male

Color or  
Race

Birth-  
place

Occupation

Labor

Where Residing if not  
at place of death

Maple side

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Father's  
Name

Jacob

Father's  
Birthplace

Russ Poland

Mother's  
Maiden Name

Mary

Mother's  
Birthplace

" "

Name of person giving  
Information

Jacob Rabowsky

How related  
to deceased

a friend

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Killed by Pat.O. R.R Cars.

immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

GJB

1931  
John and  
Alice Canner



Name  
in  
Full

James A. Buckley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Loves to Mayer - Valentine White		
Father's Name	Myra Ja - Kinsler.			
Mother's Maiden Name	Name of person giving Information			
How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cerebral Hemorrhage

How long

24 hours

Immediate

Cerebral pressure

How long

Are the name, age, sex, color, date  
and place correctly given above?

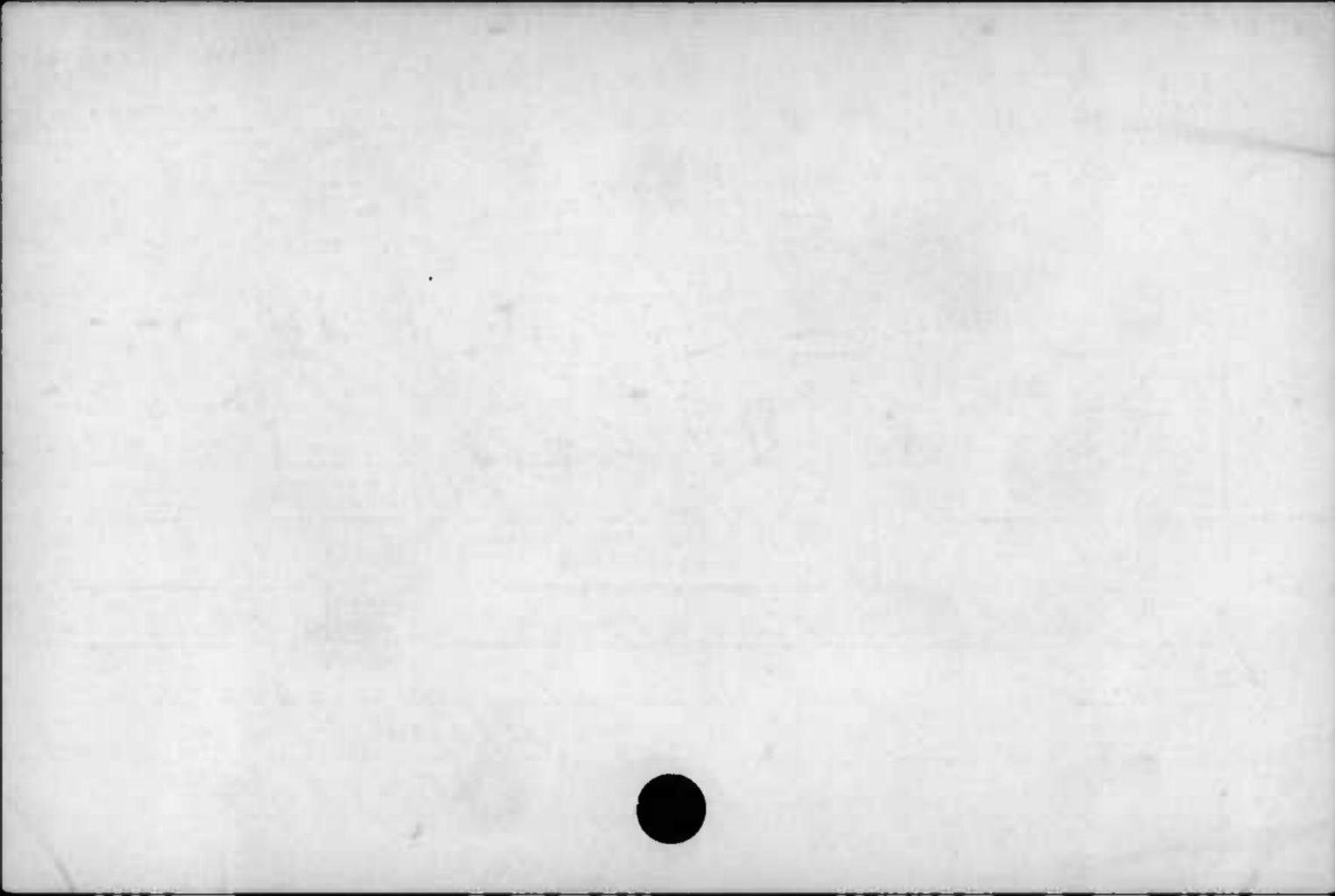
Yes.

Signature of  
Physician

Address

James J. Johnson  
Cumberland Md.

Accident or Suicide?



Name  
in  
Full

Julia Chism

CERTIFICATE OF DEATH

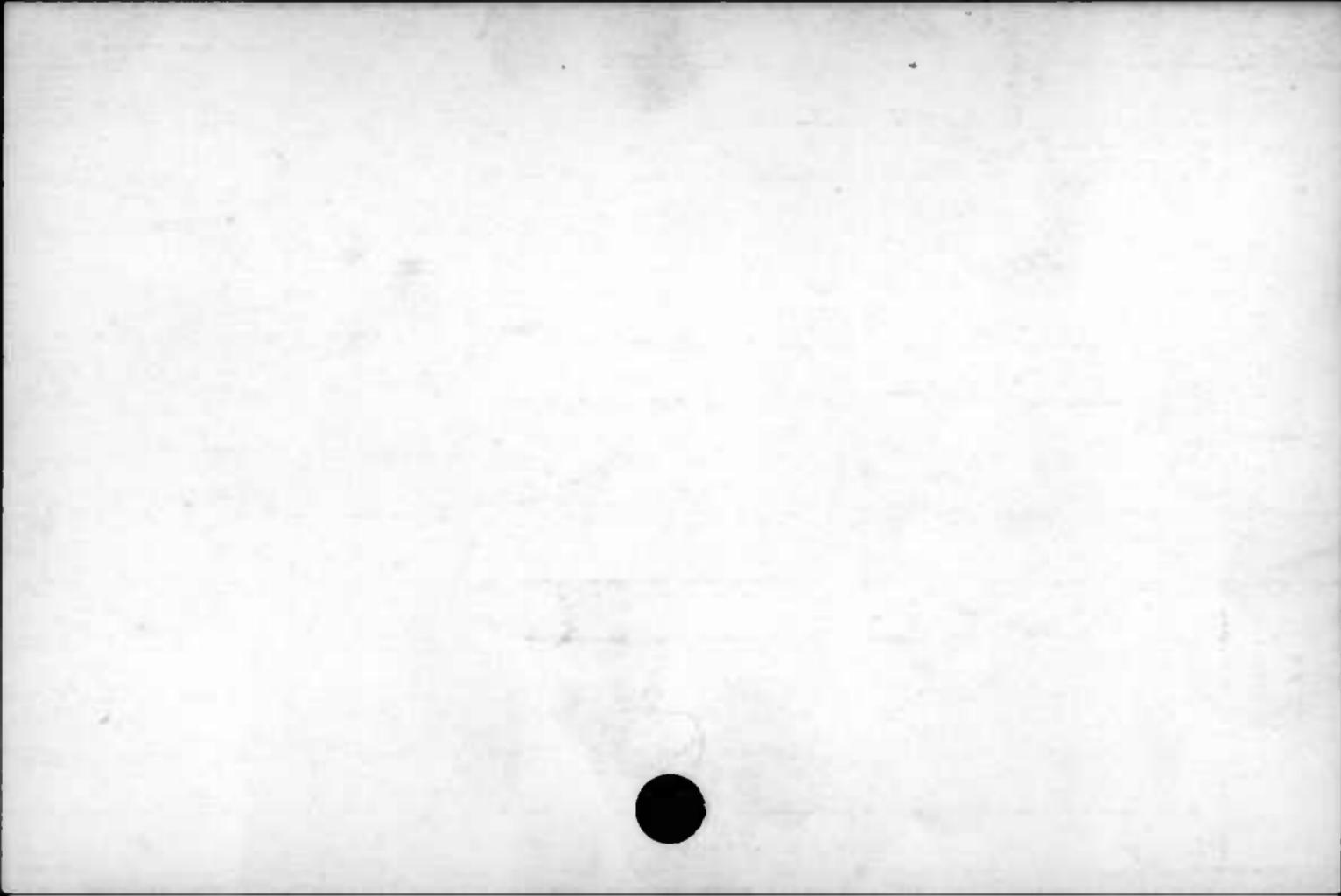
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Female		Color or Race	White		Ind	
Occupation	Housewife		Where Residing if not at place of death	107 Savage Rd			
Married, Single or Widowed	Married	Name of Wife or Husband		Jesse Chism			
Father's Name	Abraham Kifner		Ind			Father's Birthplace	
Mother's Maiden Name			40			Mother's Birthplace	
Name of person giving information	Dallas Chism		Son			How related to deceased	

CAUSES OF DEATH

Primary	Cancer of Stomach giving		How long	1 year
Immediate	Carcinoma Cachexia		How long	3 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. Alan E. Young	
		Address	107 Savage Rd Ind	
Accident or Suicide?				



Name  
in  
Full

Mrs Hattie Lee Clem

CERTIFICATE OF DEATH

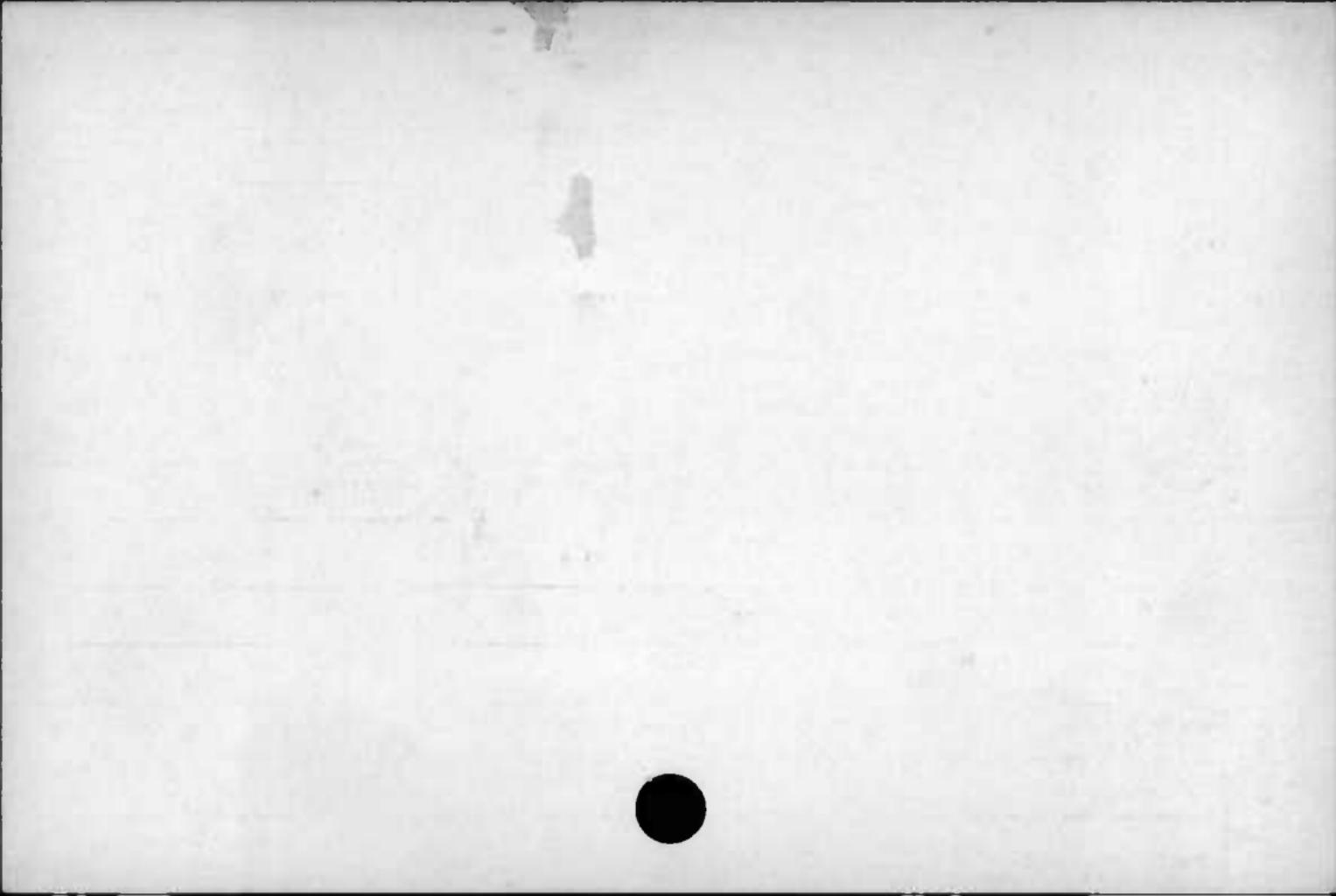
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Cumberland		County Alleg.	MARYLAND		
Date of death	Month 1905 Dec	Day 6	Years Age 28	Months 0	Days 9	
Sex Female	Color or Race White	Birth- place W. Va.				
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband Perry G. Clem	Perry G. Clem.			
Father's Name	Moses Robertson					Father's Birthplace Md.
Mother's Maiden Name	Moeller Edwards					Mother's Birthplace Md
Name of person giving Information	Perry G. Clem					How related to deceased Husband

CAUSES OF DEATH

Primary	Tuberculosis Pulmonaria	How long 6 Mo
Immediate	Exhaustion	How long 18m
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. L. Bradford MD
		Address Cumberland 987a an.
Accident or Suicide?		Mid

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Mary Click		Town		County		CERTIFICATE OF DEATH			
Died at	Lonaconing		Allegany					MARYLAND			
Date of death	1905	Month	Dec	Day	30	Age	2	Years	Months	Days	
Sex	Female	Color or Race	White					Birth- place	Lonaconing		
Occupation	None		Where Residing if not at place of death								
Married, Single or Widowed	Single	Name of Wife or Husband									
Father's Name	John Click Jr								Father's Birthplace	Lonaconing	
Mother's Maiden Name	Angie Dilling								Mother's Birthplace	La	
Name of person giving Information	John Click								How related to deceased	Father	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	Sepsis		How long	4 mos
Immediate	Capillary Bronchitis		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. B. Skilling	
		Address	Lonaconing	
Accident or Suicide?		No.		



Name  
in  
Full

Bessie Closterman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at <u>near Cumberland</u>	<u>Accomack</u>				
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>25</u>	Years <u>7</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>near Cumberland</u>			
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Henry Closterman</u>	Father's Birthplace <u>near Lily</u>				
Mother's Maiden Name <u>Lorena Thorne</u>	Mother's Birthplace <u>W. Va</u>				
Name of person giving Information <u>Henry Closterman</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Congestion of both lungs How long 6 or 8 hours -

Immediate " " " How long

Are the name, age, sex, color, date and place correctly given above?

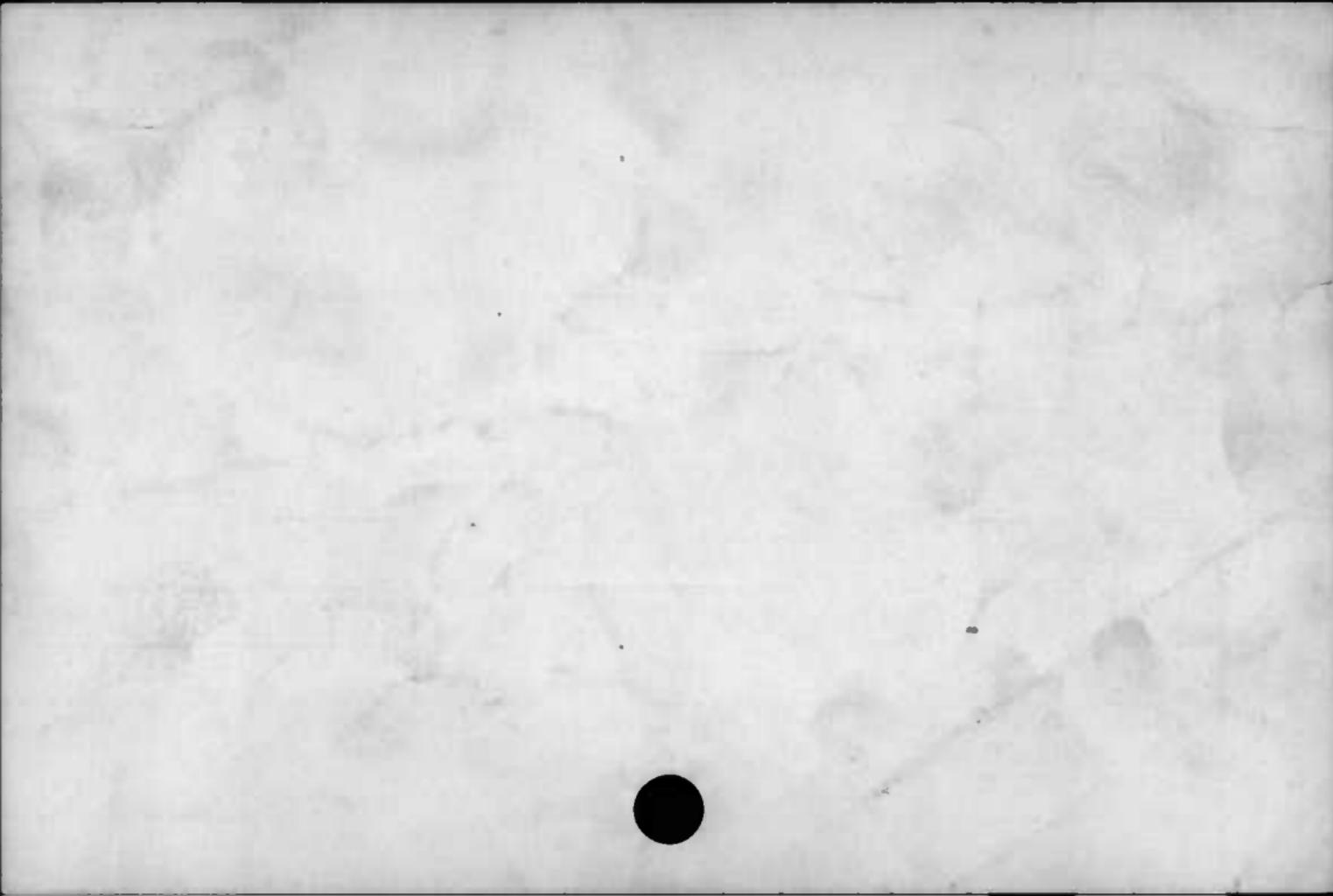
yes

Signature of Physician

Address

Blue Crumwell  
Rockland Minn  
W.M.

Accident or Suicide



Name  
in  
Full

Hector Cochrane

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Loracoming		Town County		MARYLAND	
Date of death	1905	Month Dec	Day 19	Years 62	Months 10 Days 19
Sex	Male	Color or Race	White	Birth-place	Scotland
Occupation	Miner	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Mrs. Agnes Allan Cochrane		
Father's Name	Hector Cochrane		Father's Birthplace	Scotland	
Mother's Maiden Name	Jeannette Moore		Mother's Birthplace	Scotland	
Name of person giving information	Mrs. Hector Cochrane		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Bronchitis

How long

4 years

Immediate

Pneumonia

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

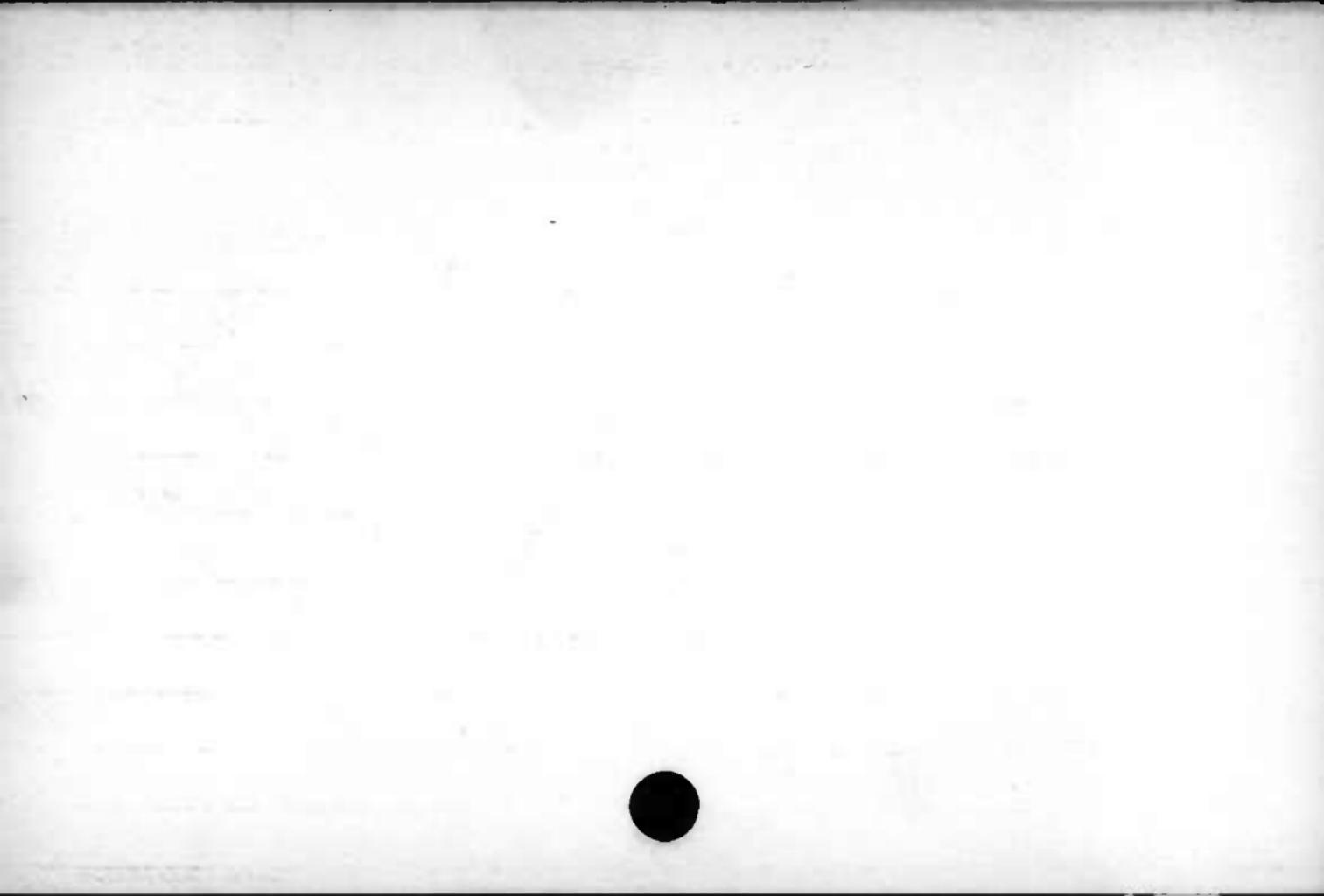
Signature of Physician

Address

Henry W. Hodgson M.D.  
Loracoming, Ind.

Accident or Suicide?

No



Name  
in  
Full

Conner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Cumberland	Alleghany		
Date of death	Month	Years	Months
1905	Dec	3	-
Day	Age	Days	
27			
Sex	Color or Race	Birth-place	
Female	white	Cumberland	
Occupation	Where Residing if not at place of death	-	
Child	-		
Married, Single or Widowed	Name of Wife or Husband		
Single	-		
Father's Name	Chas. Conner	Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving Information	Chas. Conner	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diphtheria

9

How long

Some days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

S. J. Duse

Address

Cumberland Md

was called to see Father  
day of death

Accident or Suicide



Died at <u>Barton</u>		Town	County <u>Allegany</u>		CERTIFICATE OF DEATH	
Date of death 1905	Month Dec	Day 9	Age	Years	Months	Days
Sex Male	Color or Race white			Birth-place	Alleg Co	
Married, Single or Widowed <input checked="" type="checkbox"/>	Occupation <u>Co</u>					
Name of Wife or Husband <input checked="" type="checkbox"/>						
Father's Name <u>Wm Conner</u>			Father's Birthplace		W.Va.	
Mother's Maiden Name <u>Martha Timmons</u>			Mother's Birthplace		W.Va	
Name of person giving information <u>Wm Conner</u>			How related to deceased		Father	

## CAUSES OF DEATH

Primary

Still birthHow long 

Immediate

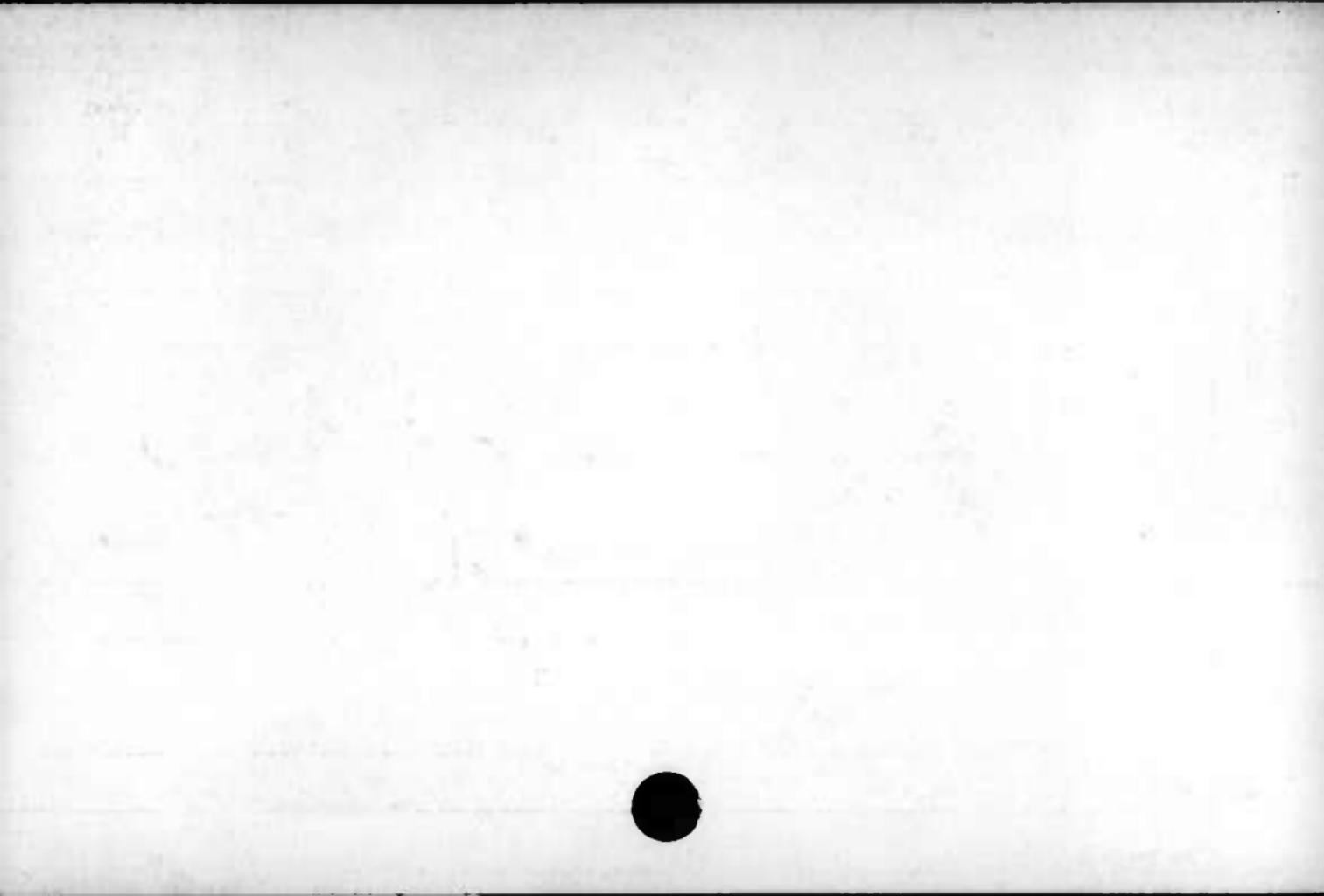
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. A. Boncher  
Barton Md

Accident or Suicide?



Name  
in  
Full

Margaret Conroy.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Barton</u>		Town <u>Barton</u>		County <u>Allegany</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>24</u>	Age <u>2</u>	Years <u>2</u>	Months <u>2</u>	Days <u>19</u>	
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Barton, Md.</u>			
Occupation <u>✓</u>			Where Residing if not at place of death <u>✓</u>				
Married, Single or Widowed <u>✓</u>	Name of Wife or Husband <u>✓</u>						
Father's Name <u>Joseph Conroy</u>			Father's Birthplace <u>Barton, Md.</u>				
Mother's Maiden Name <u>Kate Reddington Conroy</u>			Mother's Birthplace <u>Piedmont, W. Va.</u>				
Name of person giving information <u>Joseph Conroy</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>about 4 months</u>
Immediate <u>Chronic Colitis.</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>J. Hall "Gandy" M.D.</u> Address <u>Barton, Md.</u>
Accident or Suicide?	



Name  
in  
Full

Edith Crowe

CERTIFICATE OF DEATH

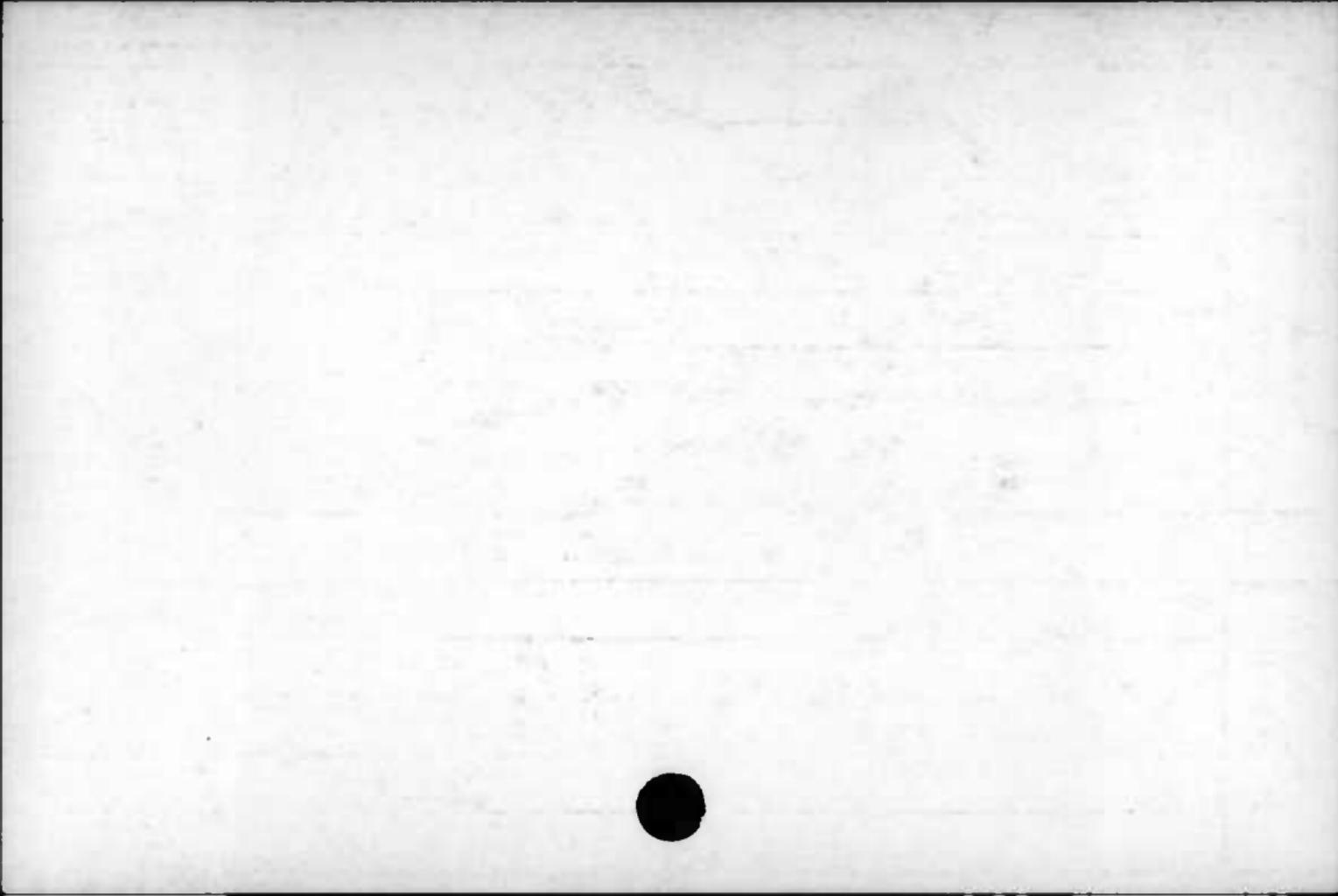
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1903	Dec	10	8	1	8
Sex	Female	Color or Race	White	Birth-place	Amblerland
Occupation	Schoolgirl	Where Residing if not at place of death Md Savage Md			
Married, Single or Wife	Name of Wife or Husband				
Father's Name	Thomas Crow				
Mother's Maiden Name	Mary Yanty				
Name of person giving information	Thomas Crow				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Methanom Crump (9)		How long	24 hours
Immediate	Suffocation		How long	2 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. Alan G. Kline, M.D.	
		Address	Md Savage Md	
Accident or Suicide?	Accident			



Name  
in  
Full

Edward Daddyman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Daddyman				
Mother's Maiden Name	Ellen Henderson				
Name of person giving information	Mr. Daddyman				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Alcohol Poisoning (S6) How long 2 weeks

Immediate Heart failure (S6) How long immediate

Are the name, age, sex, color, date and place correctly given above?

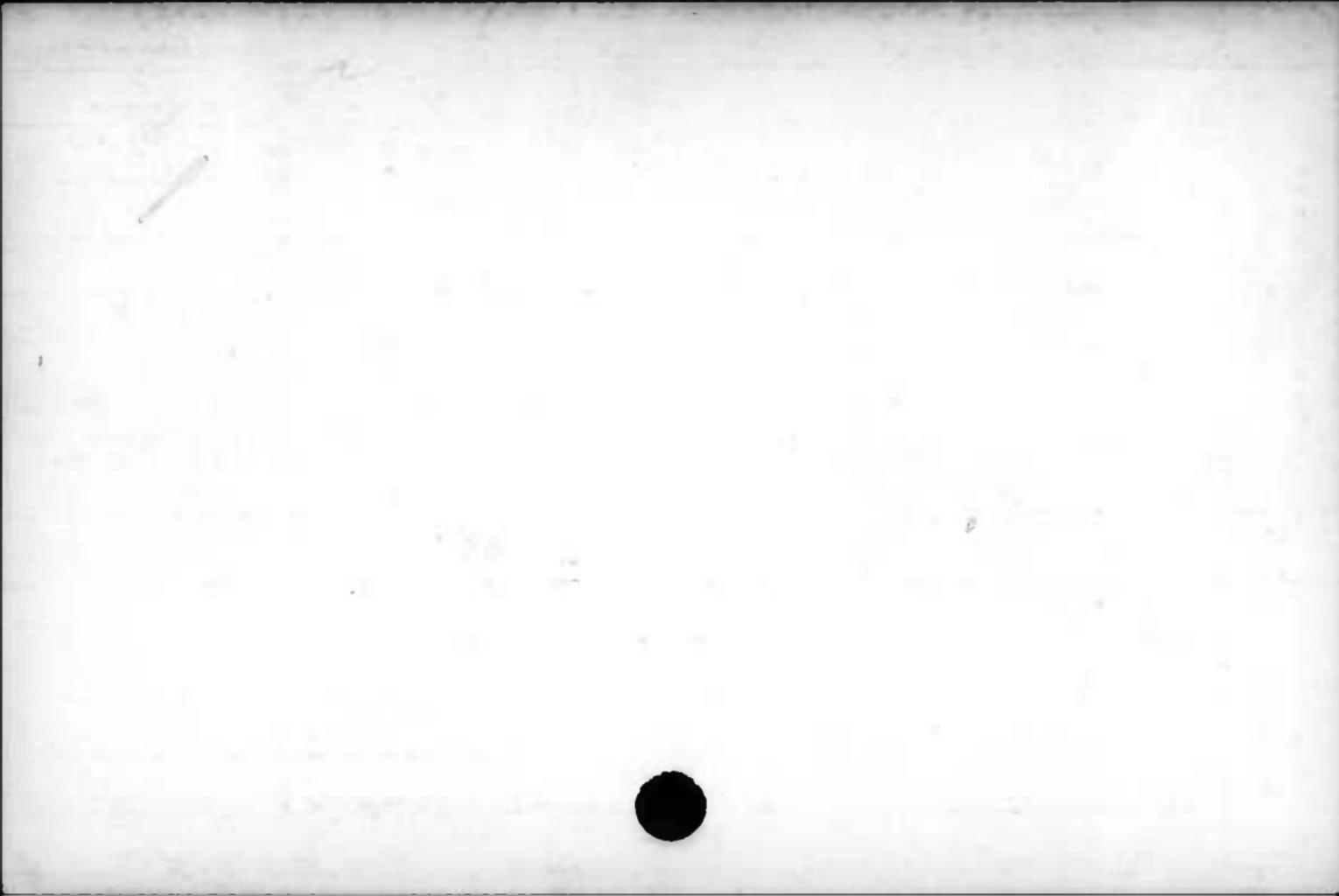
Yes

Signature of Physician

J. B. Blaue

Address  
Westminster

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<b>James Dando</b>				<b>CERTIFICATE OF DEATH</b>			
Died at		Town	County	MARYLAND			
Date of death	1905	Month Dec	Day 28	Years 68	Months 8	Days 26	
Sex	Male	Color or Race	White	Birth-place	Wales		
Occupation	Master of Orphans Court Foster Care			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Price Dando	Father's Birthplace	England		
Father's Name	W <sup>r</sup> Dando			Mother's Birthplace	England		
Mother's Maiden Name	Appleton			How related to deceased	Son		
Name of person giving information	James Dando						

**CAUSES OF DEATH**

<b>PHYSICIAN OR CORONER</b>	Primary	Smileability.	180	How long	2 years
	Immediate	Chronic Gastro-enteritis	8 months	How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. Cobey	
			Address	Firstburg, Md.	
	Accident or Suicide?	No			

John

Alleghany County -

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John F. Dorn

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at	Cumberland	Allegany			Months	Days	
Date of death	1905	Month Dec	Day 8	Age 52			
Sex	Male	Color or Race	white	Birth-place			
Occupation	Tailor	Where Residing if not at place of death					
Married, Single or Widowed	Widower	Name of Wife or Husband					
Father's Name	→		Father's Birthplace				
Mother's Maiden Name	→		Mother's Birthplace				
Name of person giving information	M L Dorn		How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

mitral Regurgitation of heart

How long

about 8 months

Immediate

Heart failure

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

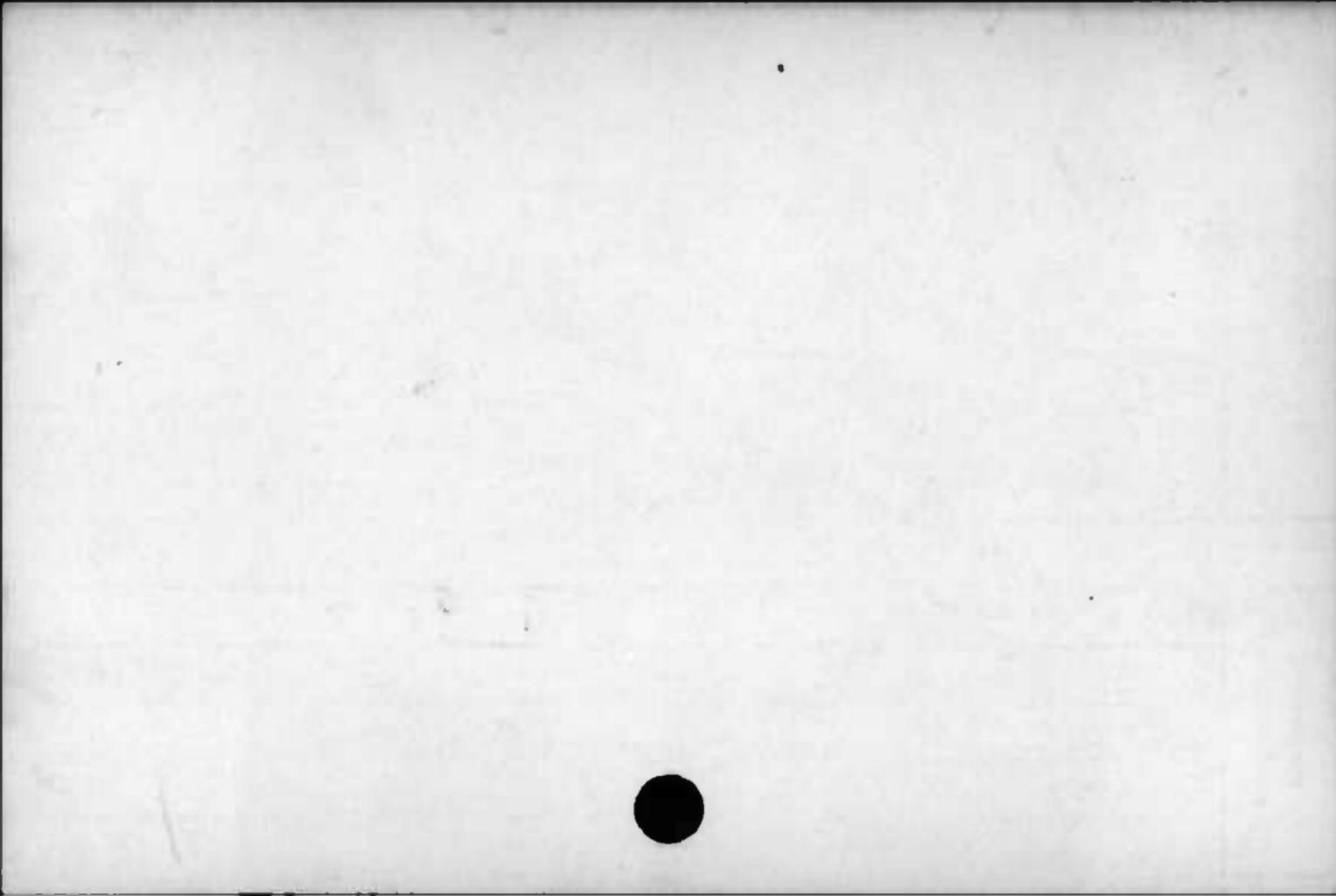
yes

Signature of Physician

Address

E. T. Dorn MD -  
Cumberland Md

Accident or Suicide



Name

in  
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs. Celia Hendra Duckworth

## CERTIFICATE OF DEATH

Died at Lonacoming		Town		County Allegany		MARYLAND		
Date of death 1905	Month Dec	Day 3	Age 28	Years	Months 7	Days 20		
Sex Female	Color or Race white		Birth-place Lonacoming					
Occupation Invalid			Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband G. Ellis Duckworth							
Father's Name Christopher Hendra			Father's Birthplace England					
Mother's Maiden Name Elizabeth Brown			Mother's Birthplace England					
Name of person giving information Mrs. Eliza Wilson			How related to deceased Sister					

## CAUSES OF DEATH

Primary

Carcinoma of Uterus

How long

One year

Immediate

Urticaria

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Yea

Signature of Physician

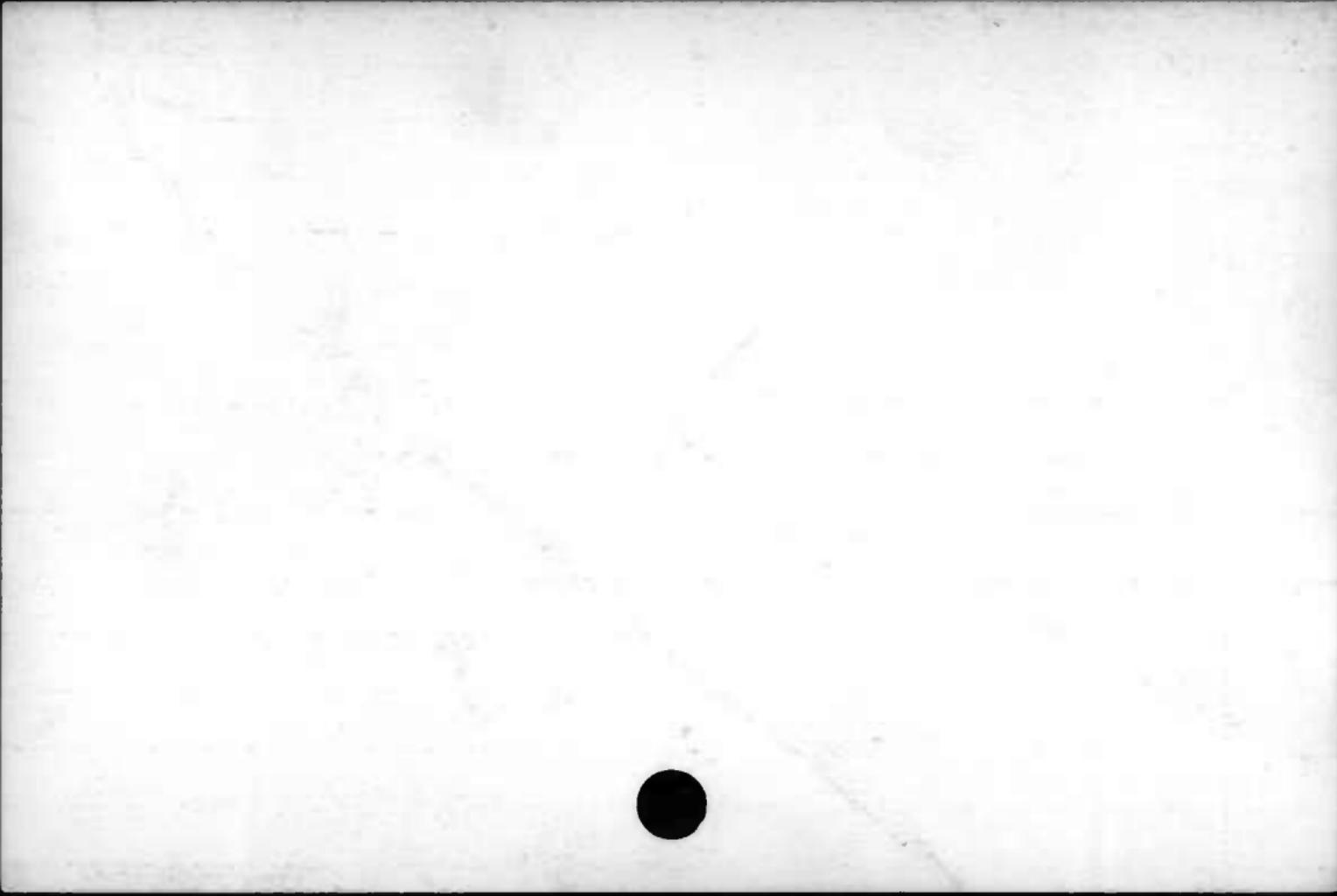
Henry M. Hodgson M.D.

Address

Lonacoming, Md.

Accident or Suicide?

No.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Dennis Blackworth

CERTIFICATE OF DEATH

Died at Loracoming, And		County Allegany		MARYLAND				
Date of death	Month 1905	Day 1	Year 15	Months 7	Days 13			
Sex Female	Color or Race White		Birth-place Loracoming					
Occupation Schoolgirl	Where Residing if not at place of death							
Married, Single or Widowed Single	Name of Wife or Husband							
Father's Name Archibald Blackworth	Father's Birthplace Loracoming, And							
Mother's Maiden Name Janet Barthew	Mother's Birthplace "							
Name of person giving information Mrs Arch Blackworth	How related to deceased Mother							

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

Arthensis

How long

7

Are the name, age, sex, color, date and place correctly given above?

Yes

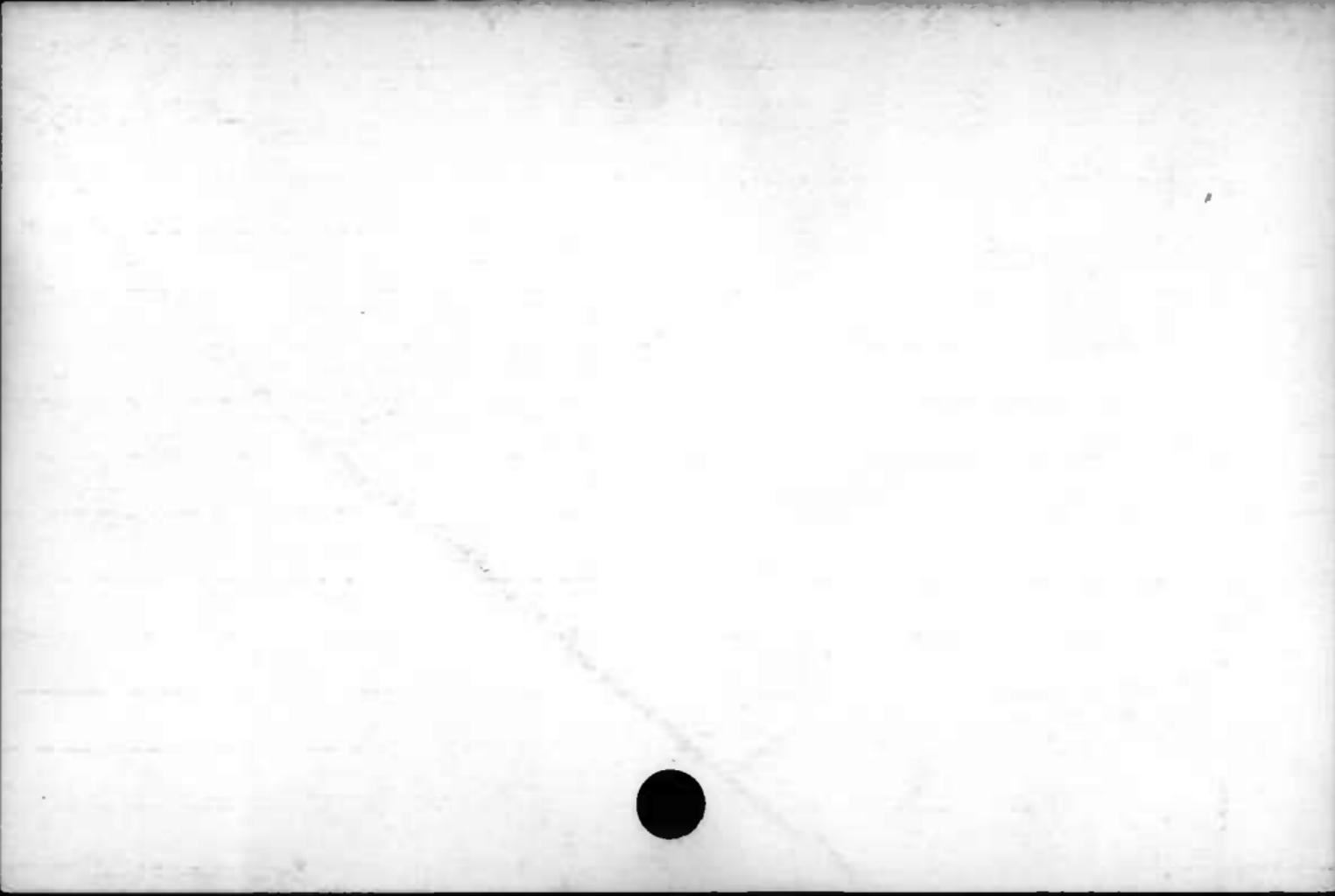
Signature of Physician

Henry M. Hodgeson,  
Loracoming, And.

Address

Accident or Suicide?

No.



Name  
in  
Full

Walfain Alfred Teller

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town  
Carlos

County  
Allegany

MARYLAND

Date  
of death

1905 12

Month

Day  
26

Age

Years  
-

Months  
6

Days  
-

Sex

M

Color or  
Race

W.

Birth-  
place

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Sam'l J. Teller

Father's  
Birthplace

Md

Mother's  
Maiden Name

Nabnie Latkin

Mother's  
Birthplace

Md

Name of person giving  
Information

Henry Teller

How related  
to deceased

uncle

CAUSES OF DEATH

Primary

Marasmus

How long

4 month

Immediate

Meningitis

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

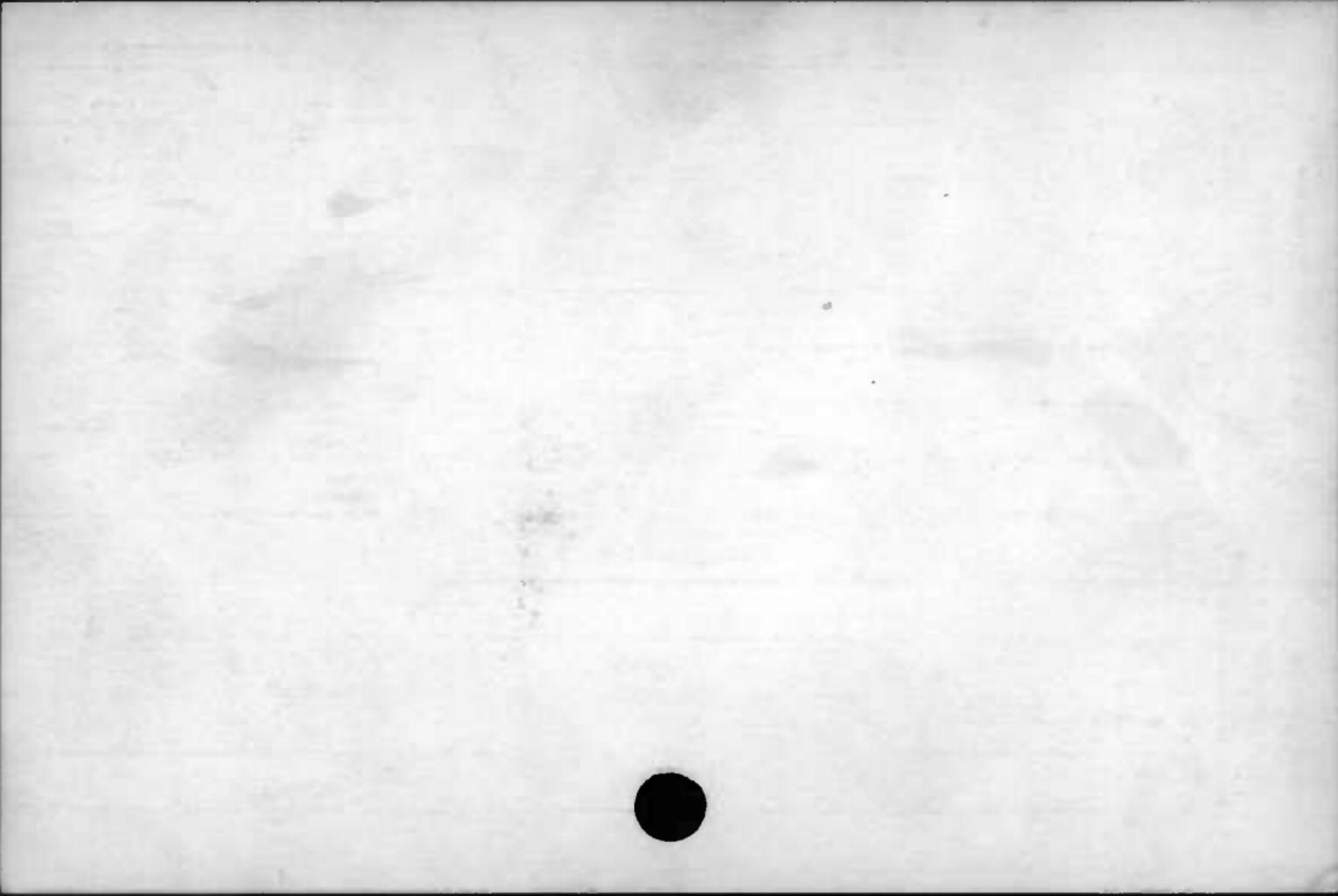
Signature of  
Physician

Address

D. W. Teller  
Frostburg Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Martha Nicholson Gardner

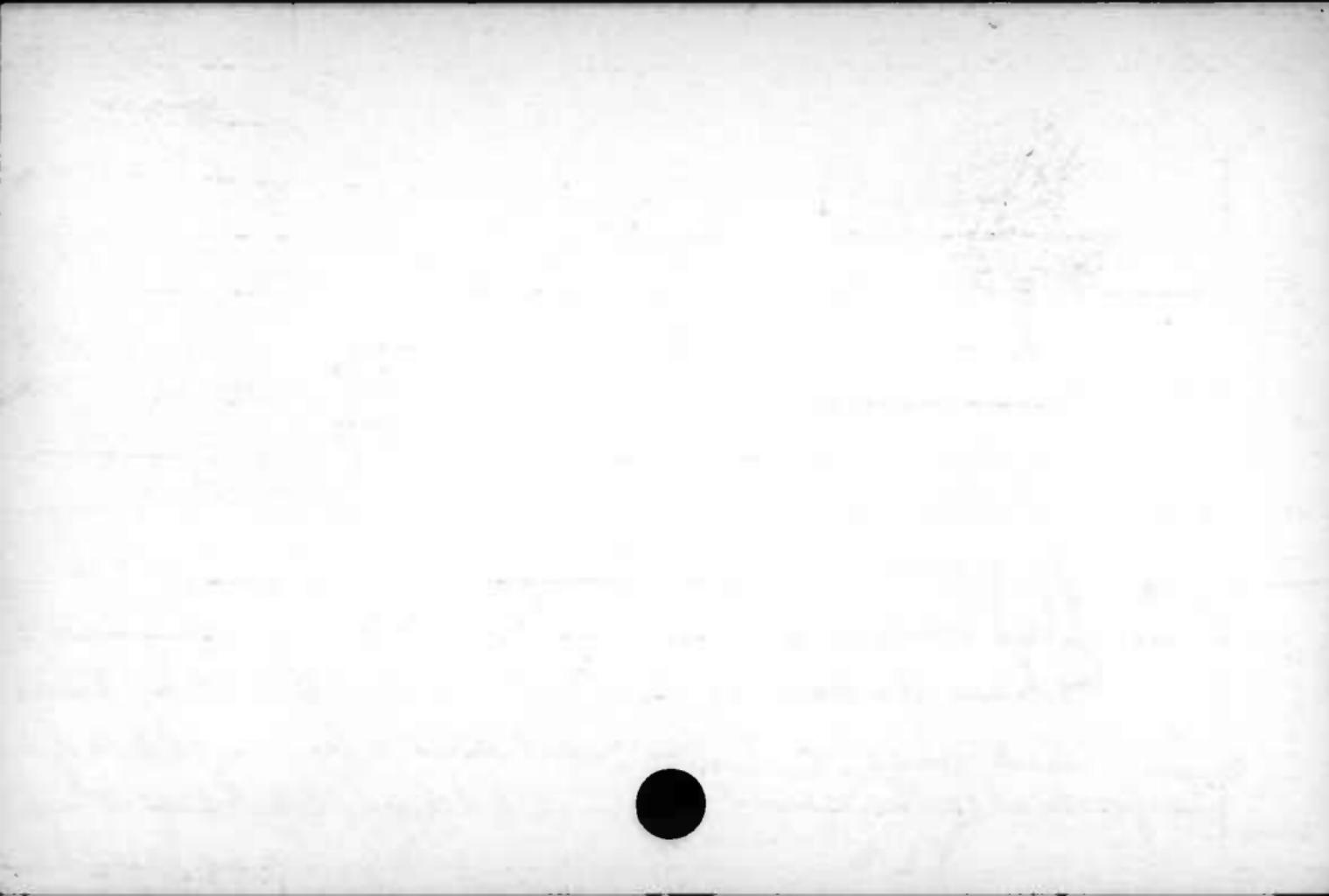
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1905	Dec	18	83	0 21
Sex	Female	Color or Race	White	Birth-place
Occupation	Housewife	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	John Gardner	
Father's Name	Joseph Nicholson		Father's Birthplace	England
Mother's Maiden Name	Anna Nicholson		Mother's Birthplace	"
Name of person giving information	Mrs. Gardner		How related to deceased	Daughter in law

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Bacinooma of throat		How long	8 months
	Immediate	Asthma, Measles		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Henry W. Hodgesworth		
		Address	Lonaconing, Md.		
Accident or Suicide?					



Name  
in  
Full

Maggie J. Glick

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chesapeake</u>		County <u>MD</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>22</u>	Age <u>50</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Baltimore</u>			
Occupation <u>Wife</u>	Where Residing if not at place of death <u>Gas Glick</u>				
Married, Single or Widowed	Name of Wife or Husband <u>F. M. Gramlich</u>	Father's Birthplace			
Father's Name	Mother's Birthplace				
Mother's Maiden Name					How related to deceased
Name of person giving information					

PHYSICIAN  
OR CORONER

Physician  
Are the name, age, sex, color, date and place correctly given above?  
Same patient once 24 hrs  
before death never  
under Dos Care  
Accident or Suicide? No

CAUSES OF DEATH

Signature of Physician

Address

How long

been sick 6 months

How long

2 weeks

~~497~~  
0.55  
521  
021

Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Westernport</u>		Town <u>Westernport</u>	County <u>Allegany</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>12.</u>	Day <u>27</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md.</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband <u>C. S.</u>					
Father's Name	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name	Mother's Birthplace <u>Maryland</u>					
Name of person giving information	How related to deceased <u>Sister</u>					

CAUSES OF DEATH

Primary	<u>Stillborn</u>	<u>S.</u>	How long <u>—</u>
Immediate	<u>—</u>	<u>—</u>	How long <u>—</u>

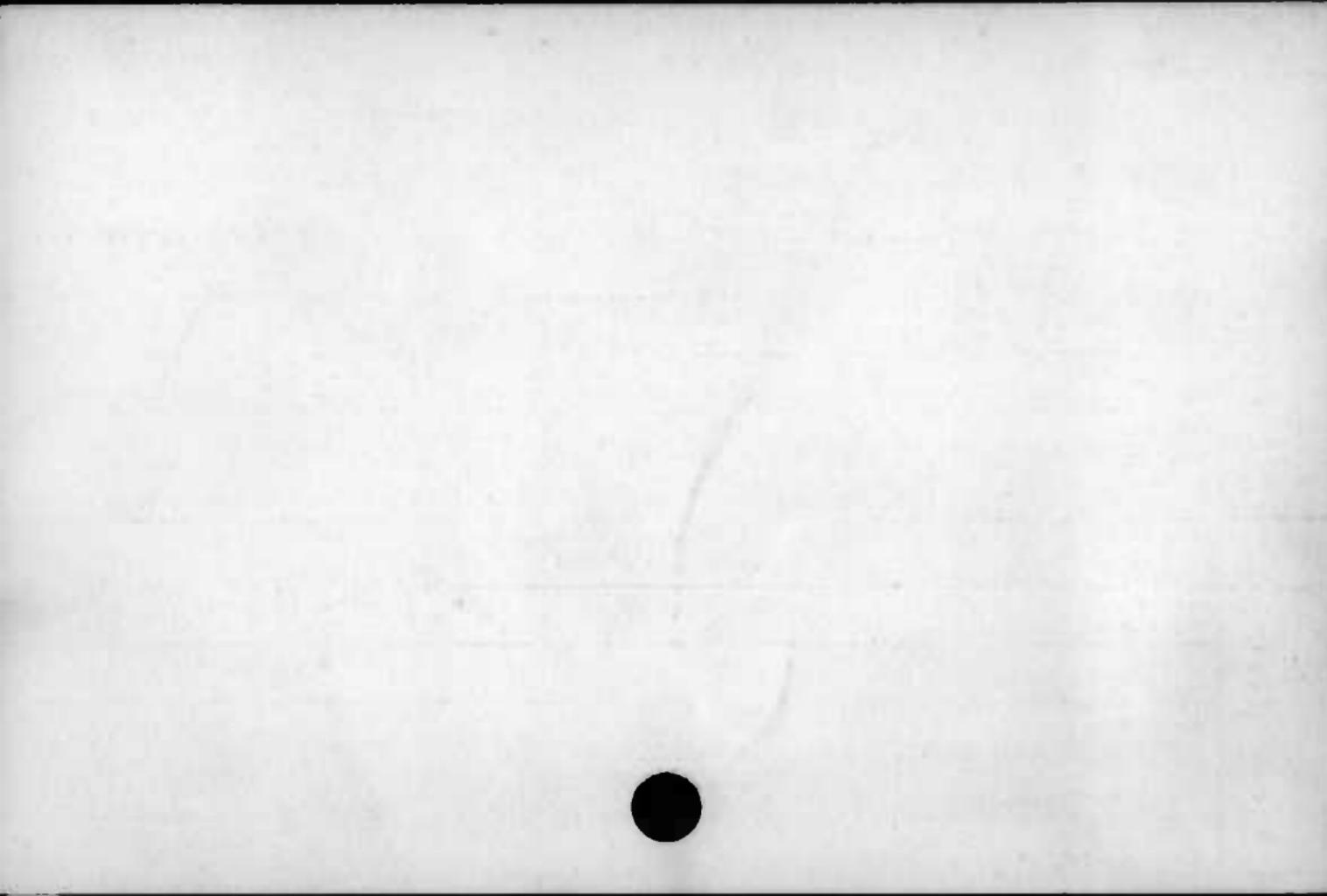
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. J. Kallaway  
Didmont  
W. Va.

Accident or Suicide? No



Name  
in  
Full

Alice D Hagan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	190	Month 12	Day 24	Year 54	Months -	Days -	
Sex	Female	Color or Race	White		Birth-place	Maryland	
Occupation	Boarder		Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Jacob Hagan				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	complaint			How related to deceased	Nephew		

PHYSICIAN  
OR CORONER



Primary

Chronic Nephritis

(20)

How long

about 2 years

Immediate

Heart failure

How long

6 or 8 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

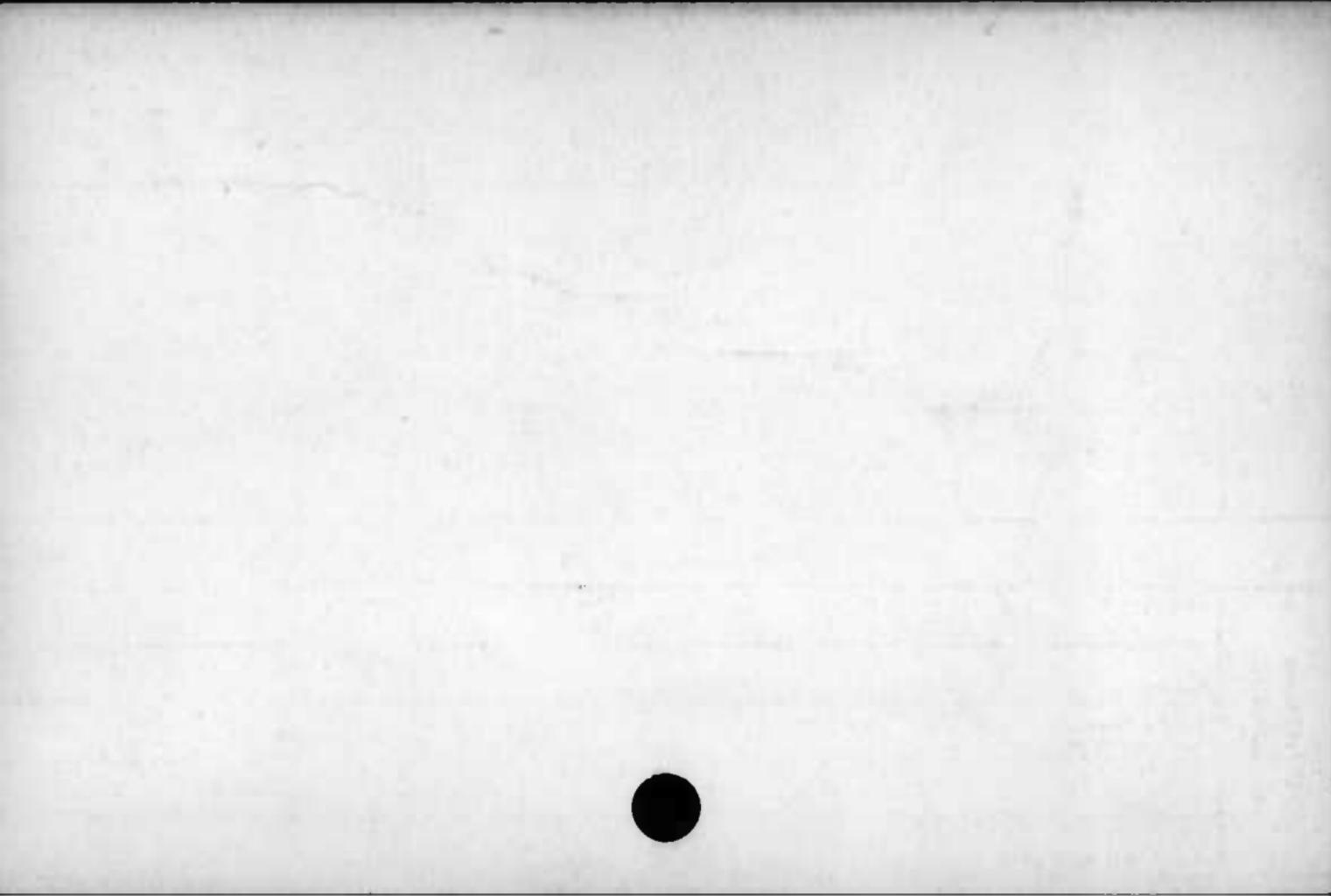
Signature of Physician

Address

J. B. Shouse

Westminster Md.

Accident or Suicide?



Name  
in  
Full

Elizabeth S Hanna

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died in	Town	County	MARYLAND		
Died in	Frostburg	Allegany			
Date of death	Month	Day	Years	Months	Days
1905	12	8	15	7	3
Sex	Age	Color or Race	Birth-place		
X	17	W	Md.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Alyce Hanna				
Mother's Maiden Name	Mary Hanna				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

11 days

Immediate

Scuts Meningitis

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W.M. Lane

Frostburg Md

Accident or Suicide?

Goal

Name  
in  
Full

Harry St. Haus

Causes of Death

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
Near Martinsburg, W. Va.					
Date of death	Month	Day	Years	Months	Days
1905	Dec.	18	22		
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Male	White	South Cumberland, Md.	Mo. Sprague, Md.		
Occupation	R.R. Foreman				
Married, Single or Widowed	Name of Wife or Husband				
Single	Perry J. Haus				
Father's Name					
Mother's Maiden Name	Old Woodward				
Name of person giving information	Saml. C. Haus				
CAUSES OF DEATH					

PHYSICIAN  
OR CORONER

Primary  
R.R. Accident

How long  
Instantly

Immediate  
Same

How long  
Same

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Woodard Lardell's M. & W.  
Dr. Sprague, Md.

Accident or Suicide?

Accident



Name  
in  
Full

Midland / Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1905-	Month	Day	Years	Months	Days		
Female		Color or Race	Age		Birth- place		Midland
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Robert Hill		Father's Birthplace			Maryland
Mother's Maiden Name		Della Montgomery		Mother's Birthplace			Maryland
Name of person giving Information		Della / Koff		How related to deceased			Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute Indigestion.

How long

and days

Immediate

Convulsions

How long

and hours

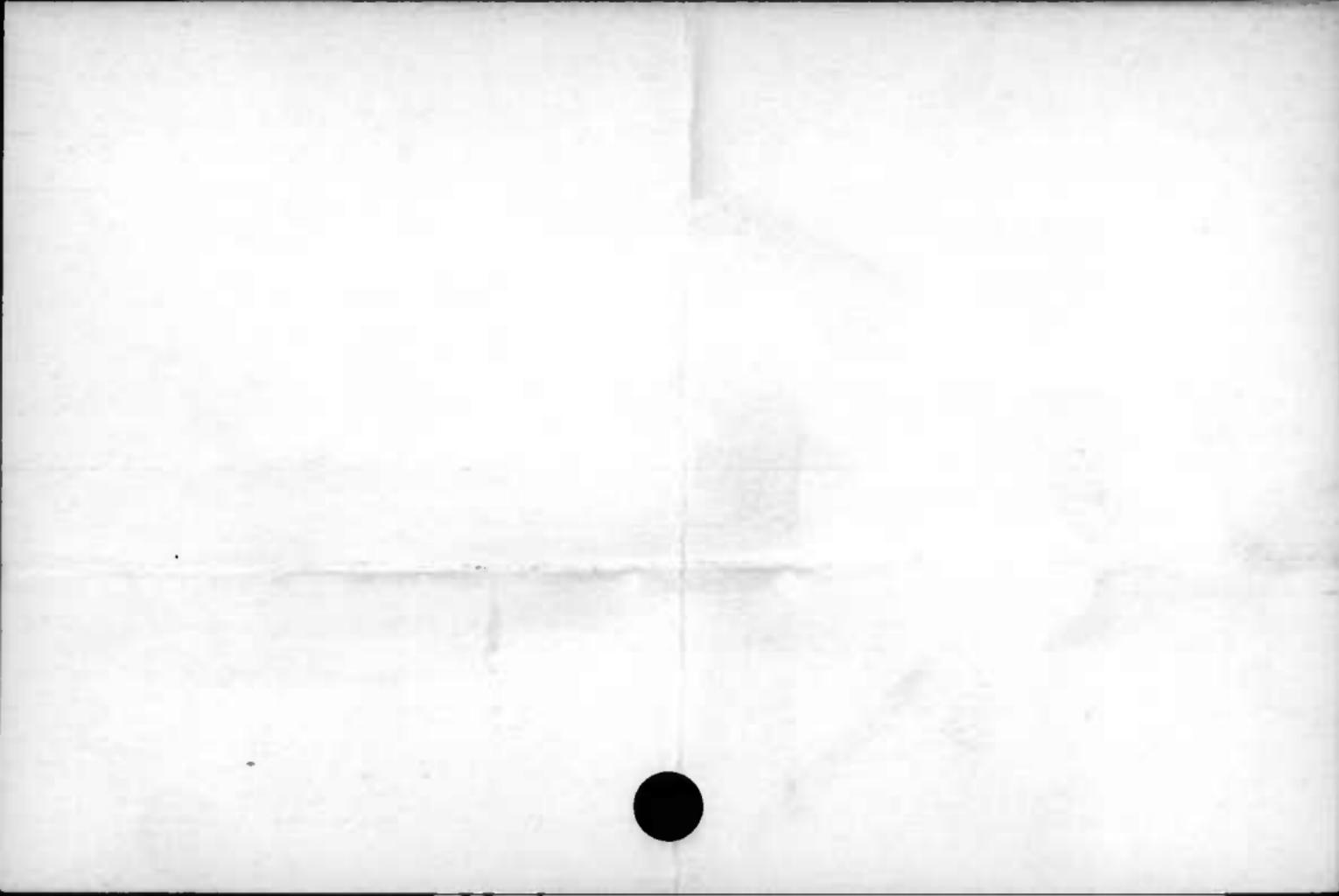
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

JQ Carpenter  
Midland Md

Death or Suicide?



Name  
in  
Full

John W. Hemmingsworth

CERTIFICATE OF DEATH

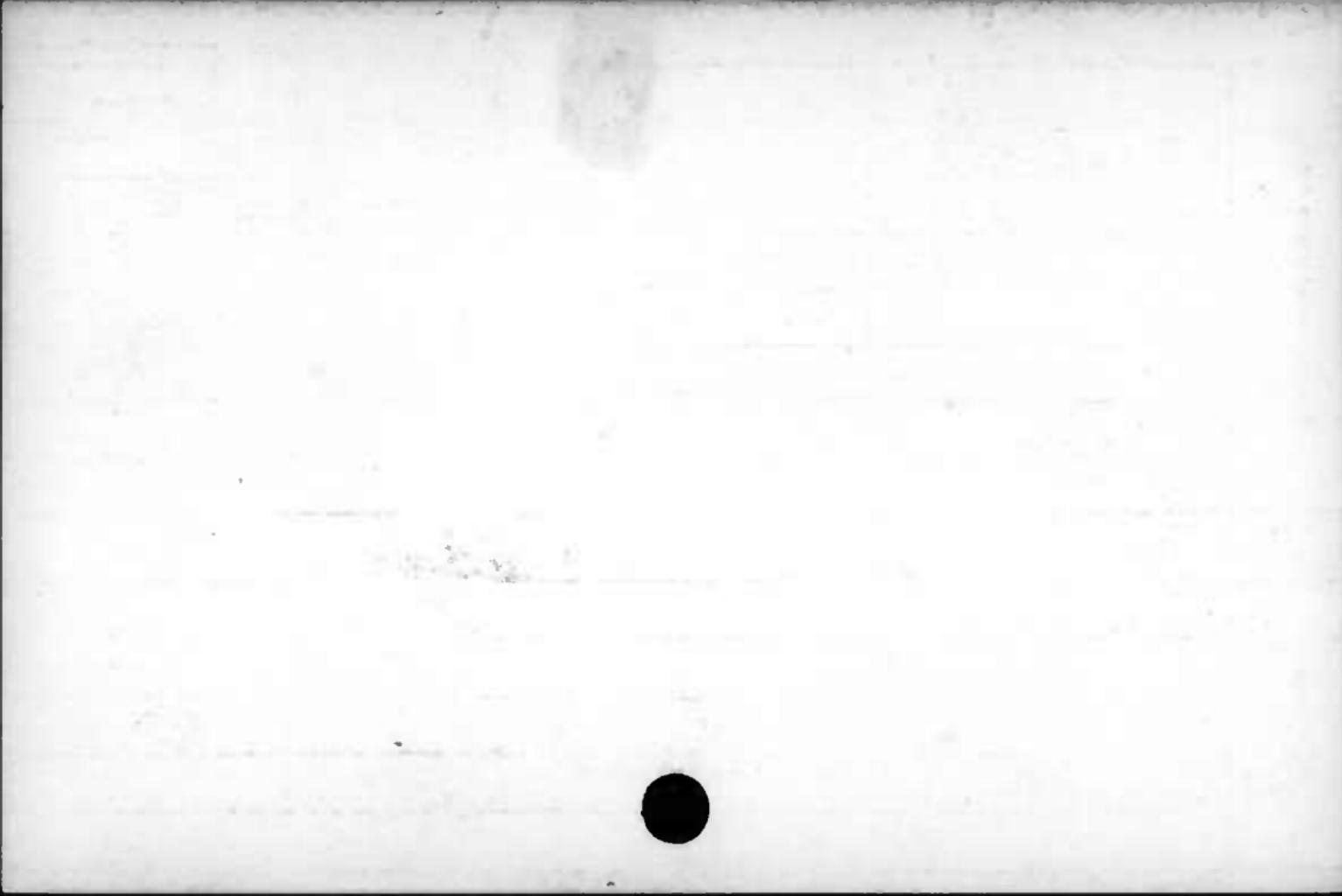
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Eckhart Mines		alleg				
Date of death	Month	Day	Years	Months	Days	
1905	Dec	18	64	8	18	
Sex	Male	Color or Race	white-	Birth-place	Va	
Occupation	Laborer			Where Residing if not at place of death	-	
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Sheel	Father's Birthplace	-	
Father's Name	Jas Hemmingsworth			Mother's Birthplace	-	
Mother's Maiden Name	Mrs (known)			How related to deceased	-	
Name of person giving information						

CAUSES OF DEATH

Primary	Probable Cancer of the bladder	How long	7 yrs
Immediate	Cystitis	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P. W. Cromwell M.D.
		Address	Eckhart mines Md
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Angela Hopkins

CERTIFICATE OF DEATH

Died at Baltimore

County Anne Arundel

MARYLAND

Date of death 1905 Dec Month

Day 16

Years —

Months 7

Days —

Sex Female

Color or  
Race White

Birth-  
place Baltimore

Occupation —

Where Residing if not  
at place of death —

Married, Single  
or Widowed —

Name of Wife or  
Husband —

Father's  
Name Patrick Hopkins

Father's  
Birthplace Island

Mother's  
Maiden Name Mary Wempe

Mother's  
Birthplace Baltimore

Name of person giving  
Information —

How related  
to deceased —

CAUSES OF DEATH

Primary Chronic Indigestion

How long 6 months

Immediate Exhaustion

How long 10 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician J. A. Broadbent

Address 10 Broadway

Accident or Suicide?



Name  
in  
Full

Virgil Hovermale 12/1/1

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Quinsands	Town	County	MARYLAND	
Date of death	1905	Month	Day	Years	Months Days
Sex	Male	Color or Race	White	Birth- place	
Occupation	Laborer			Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	Sleepy Creek Wyo		
Father's Name	J. Q. Hovermale			Father's Birthplace	W Va
Mother's Maiden Name	Virginia Mc Bee			Mother's Birthplace	W Va
Name of person giving Information	J. Q. Hovermale			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Gunshot wound in thigh & groin 1 Month

Immediate Shock loss of blood

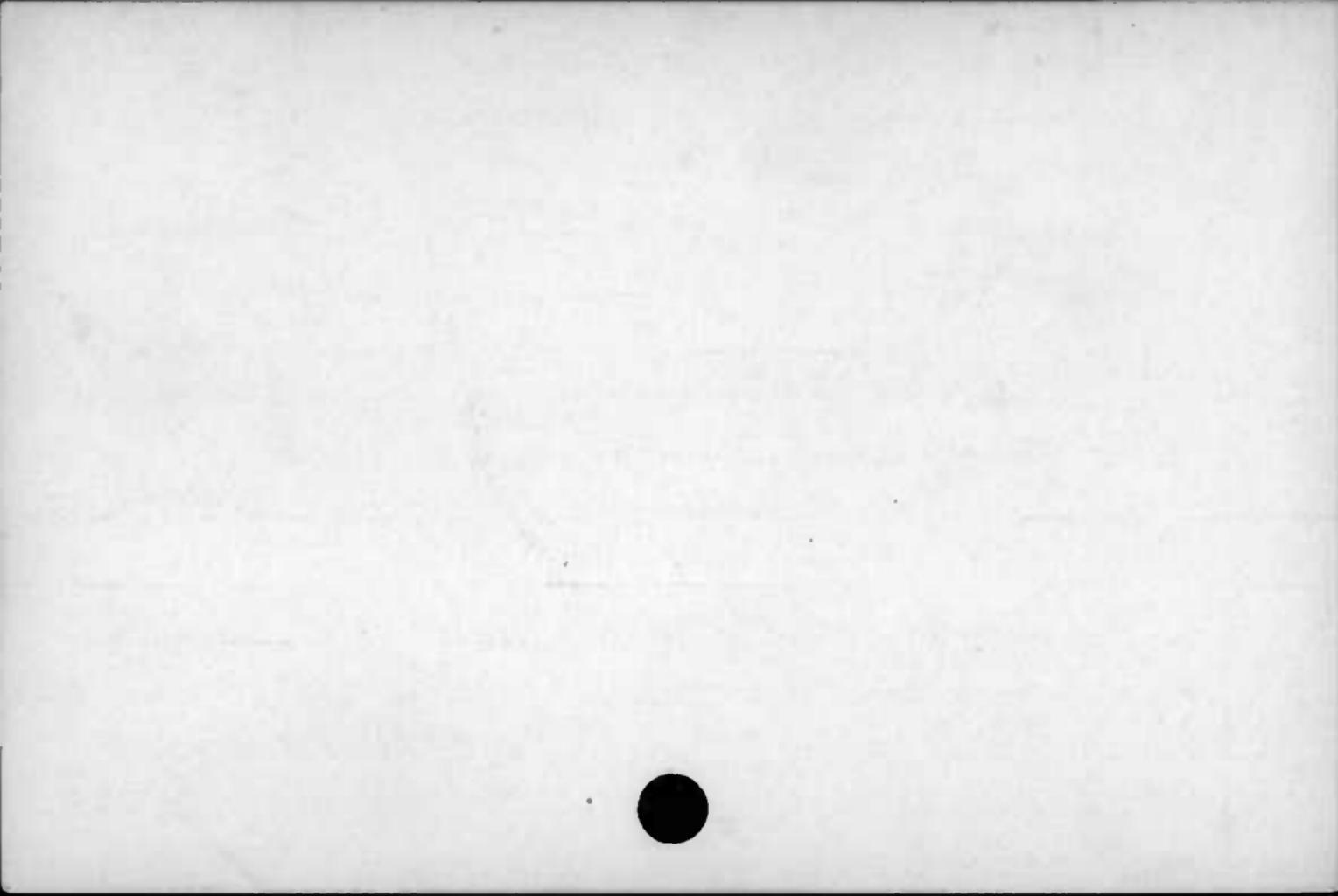
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

A. K. Hantins  
Cummins Rd

Accident or Suicide? Accidental



Name  
in  
Full

Harriet Catherine Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex		Female	Color or Race	White	Birth-Place	Baltimore
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		—		
Father's Name		Edward Johnson		Father's Birthplace		Ellenlie
Mother's Maiden Name		Josephine Griffith		Mother's Birthplace		"
Name of person living in formation		Mrs Johnson		How related to deceased		Mother.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diphtheria

How long

8 days

Immediate

Cardiac paroxysis

How long

few minutes

Are the name, age, sex, color, date and place correctly given above? *yes*

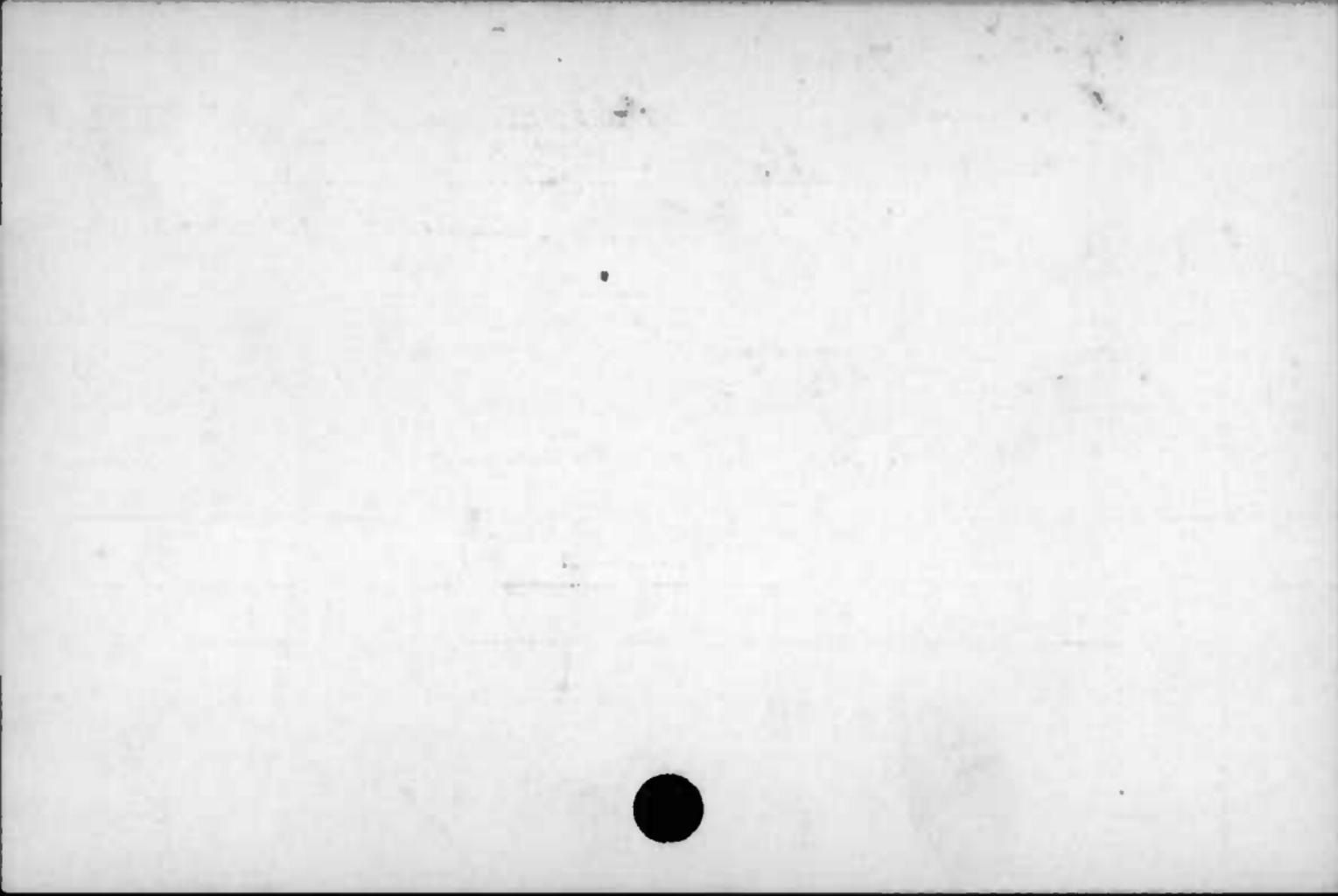
Signature of Physician

CVB Brace

Address

Garrison  
Md

Accident or Suicide?



Name  
in  
Full

allen jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	U. S.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	M	Name of Wife or Husband	mattie jones		
Father's Name	Hamlet jones				
Mother's Maiden Name	Eliza jones				
Name of person giving information	wife				
CAUSES OF DEATH					
Primary	chronic Brights				
Immediate	Heart Failure				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		
Accident or Suicide?					

PHYSICIAN  
OR CORONER

John  
Romney Moore

Name  
in  
Full

Mary A. Kegg

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	70			
Occupation	Where Residing if not at place of death					-
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	-		Father's Birthplace			
Mother's Maiden Name	-		Mother's Birthplace			
Name of person giving information	Wm. Kegg		How related to deceased			

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary *Diabetes Mellitus* (55) How long  
2 yrs

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*Dr. J. J. McDonald  
W. Cumberland, Md.*

Accident? Suicide?

*Rose Hill*

Barnes

5 choices

Name  
in  
Full

Joseph F. Kelly

TO BE ANSWERED BY  
NEAREST FRIEND

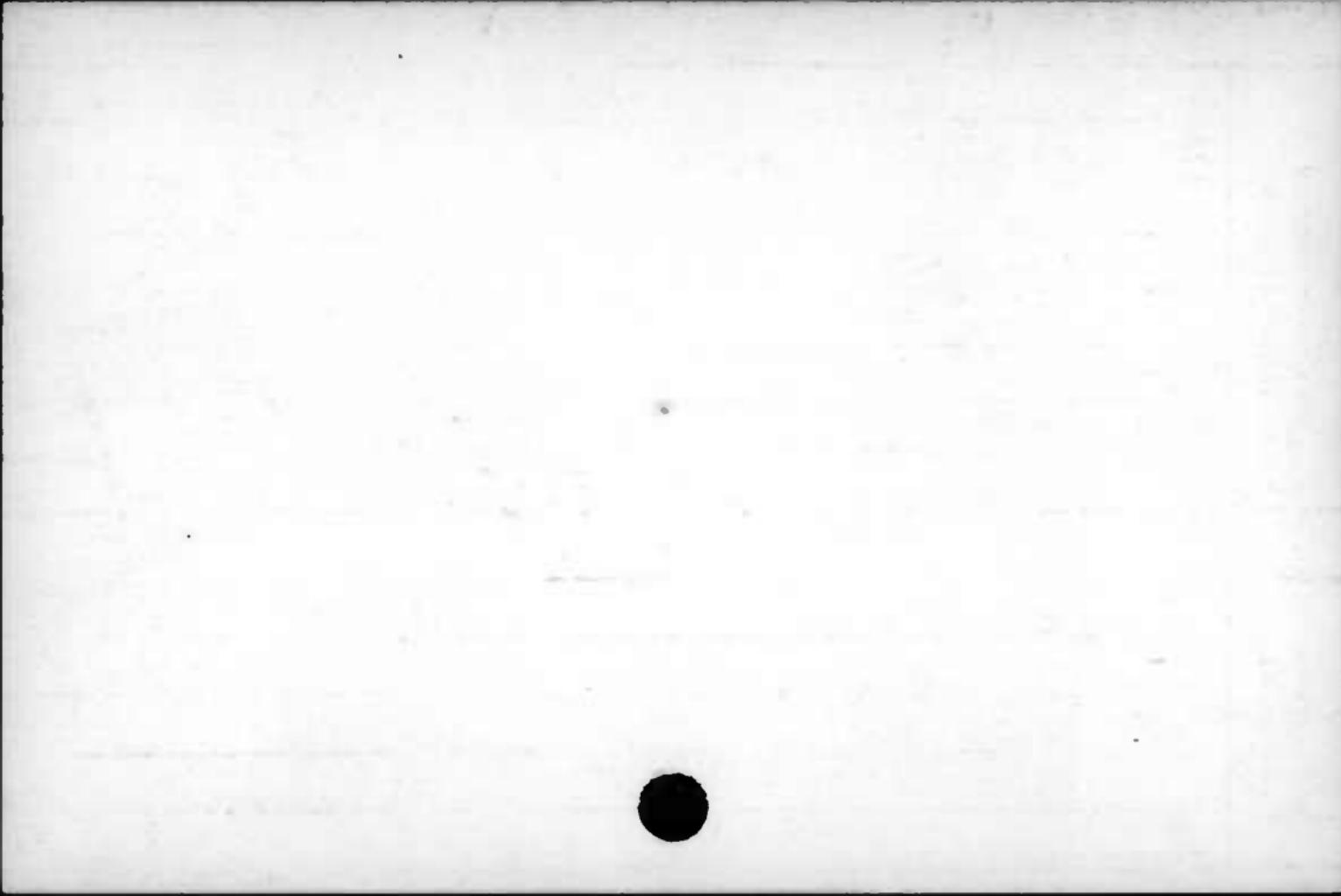
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	white	Birth-place	Cumberland	
Occupation	Infant	Where Residing if not at place of death			-	
Married, Single or Widowed	Single	Name of Wife or Husband	-			
Father's Name	Charles Kelly	Father's Birthplace			va	
Mother's Maiden Name	Mary Hogan	Mother's Birthplace			Pa	
Name of person giving information	Mr. Chas. Kelly	How related to deceased			Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	1938	How long	One week
Immediate	Meningitis		How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature Physician	F. W. Hochtrunk	
		Address	1200 E. 21st Street Cumberland Md	
Accident or Suicide?				



Name  
in  
Full

Robert A Kerns

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Cumberland		allegany		Months	Days
Date of death	1905	Month Dec	Day 29	Age 40	-	-
Sex	Male	Color or Race	White	Birth-place	Fulton Co Pa	
Occupation	Bridge carpenter					Where Residing if not at place of death
Married, Single or Widowed	Married	Name of Wife or Husband	Anne Kerns		Father's Birthplace	allegany Co Md
Father's Name	Robert A Kerns		So.		Mother's Birthplace	
Mother's Maiden Name	Dear				How related to deceased	Brother
Name of person giving Information	Wm H Kern		✓			

CAUSES OF DEATH

✓  
PHYSICIAN  
OR CORONER

Primary Shock from P.P. injury How long

Immediate Exhaustion How long

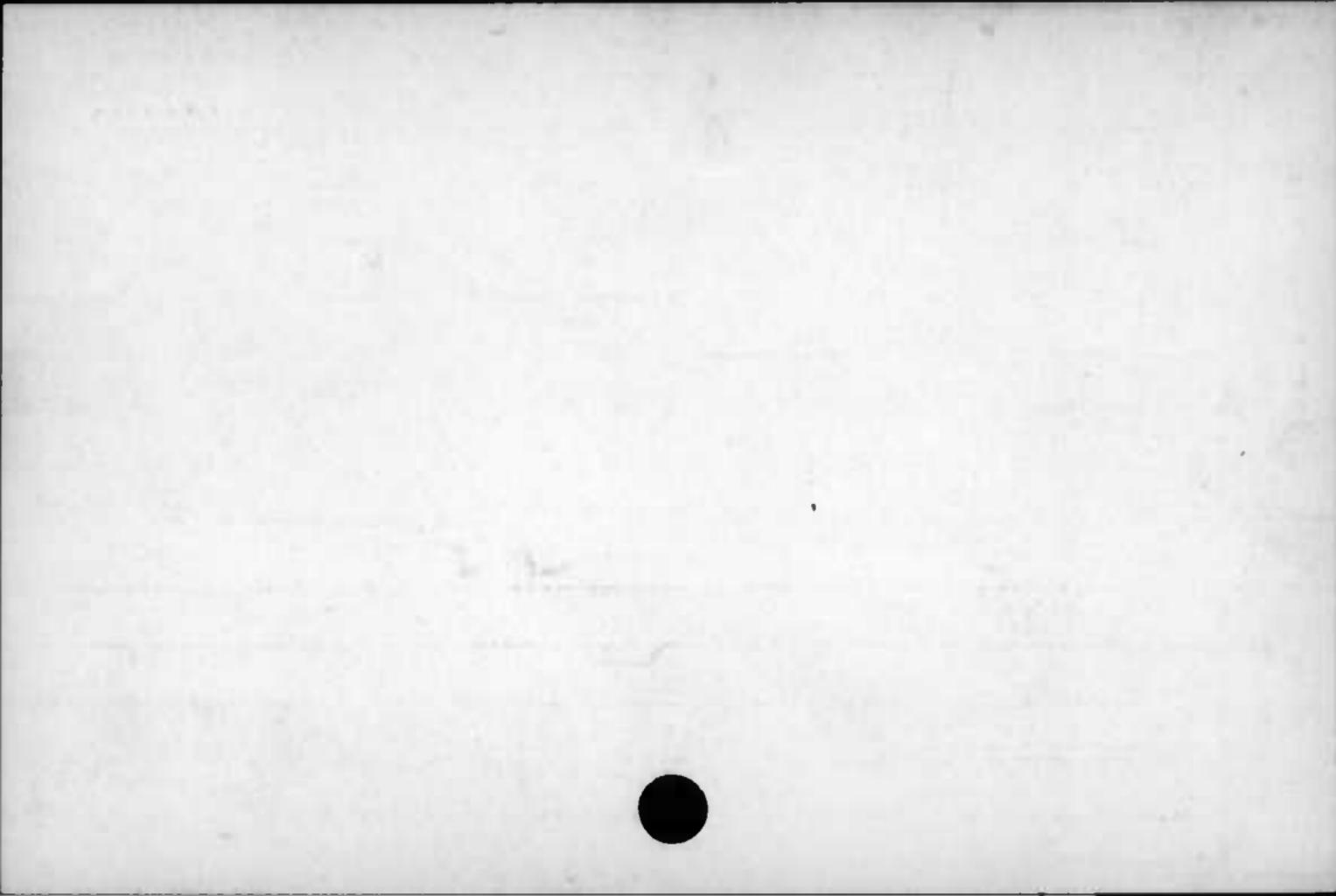
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

Dr W H Wiley  
Cumberland  
Md



Name  
in  
Full

David Lamb

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	Where Residing if not at place of death	Birth- place	Days	
Occupation	R.R. Conductor				
Married, Single or Widowed	Name of Wife	Lester Right Lamb			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	Wainee Lamb		How related to deceased	Sons	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

4 years

Immediate

Paralysis

How long

4 3/4

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W.A. Shuey

Piedmont Wba.

Accident or Suicide?

no



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<i>Elizabeth Zimmerman</i>				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1905	Month Dec	Day 5	Years 58	Age	Months	Days
Sex	Female	Color or Race	Adult -	Birth-place	Maryland		
Occupation	Housewife		Where Residing if not at place of death	Mt Savage Md			
Married, Single or Widowed	Married		Name of Husband	Jacob Zimmerman			
Father's Name	William Arthur		(16)	Father's Birthplace	England		
Mother's Maiden Name	Margaret Evans		(16)	Mother's Birthplace	Wales		
Name of person giving information	John Zimmerman		(16)	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gastritis  
Pneumonia

How long

3 weeks

Immediate

yes

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. Alan G. Wining 48  
Mt Savage

Accident or Suicide?

Accident



Name  
in  
Full

Clarke McCarty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Luke Town

Allegheny County

MARYLAND

Date of death 1905 Month

Day

Years

Months

Days

Age

Sex male

Color or Race

white

Birth-place

Luke

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

Ben McCarty

Father's  
Birthplace

Hancock

Mother's  
Maiden Name

Ausie Clash

Mother's  
Birthplace

Conowing

Name of person giving  
Information

Ben McCarty

How related  
to deceased

Father.

CAUSES OF DEATH

Primary

Pneumonia

How long

Two weeks

Immediate

1

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

D. J. L.

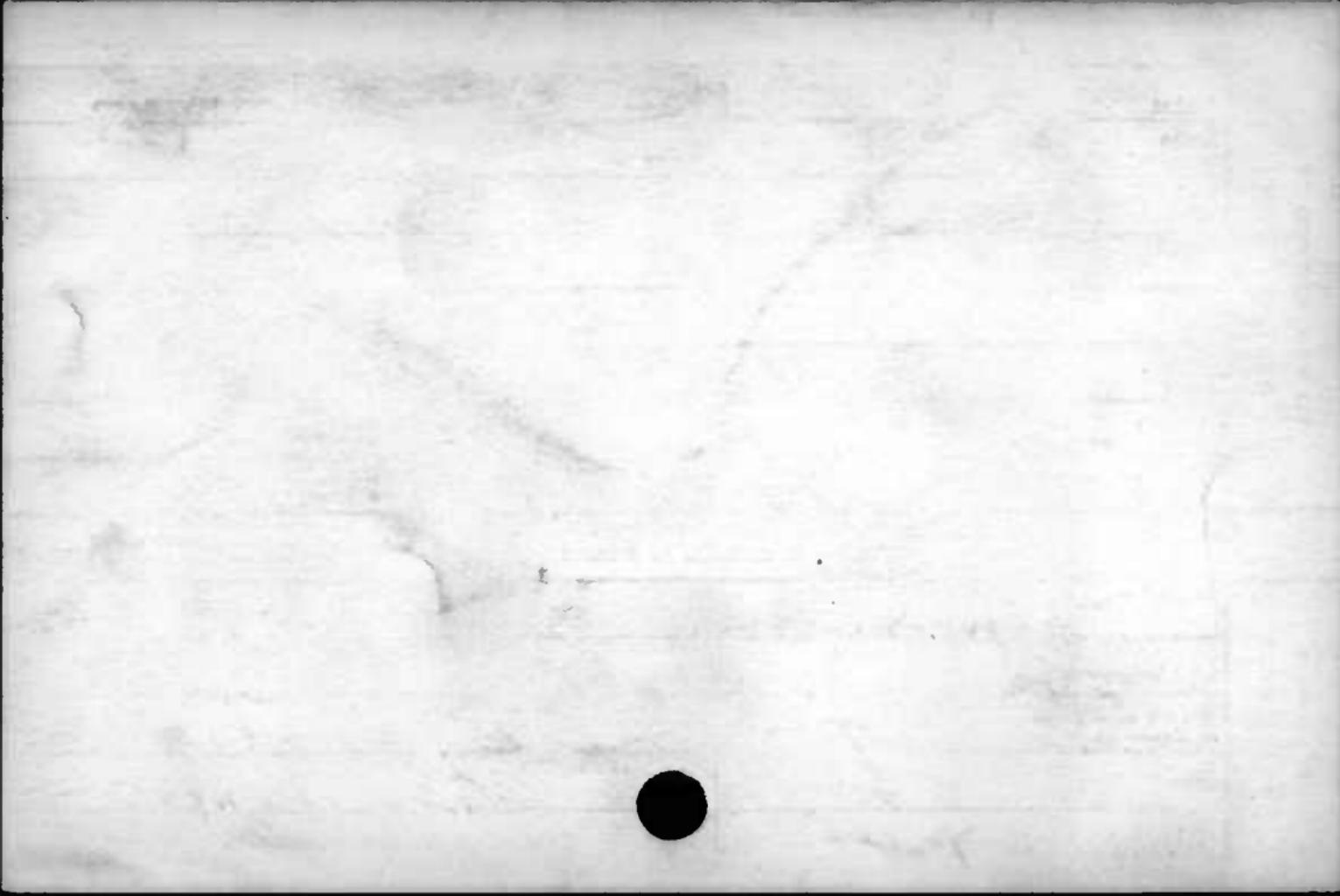
Address

Broad St

Accident or Suicide?

no

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elsie McElroy

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County			
Date of death	190	Month Dec	Day 2	Years 5	Month 9	Days -
Sex	Female	Color or Race	White		Birth-place	Counted
Occupation	Where Residing if not at place of death					-
Married, Single or Widowed	-	Name of Wife or Husband	-			
Father's Name	Brant McElroy				Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving Information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Syphilitic dementia

How long

Decades

Immediate

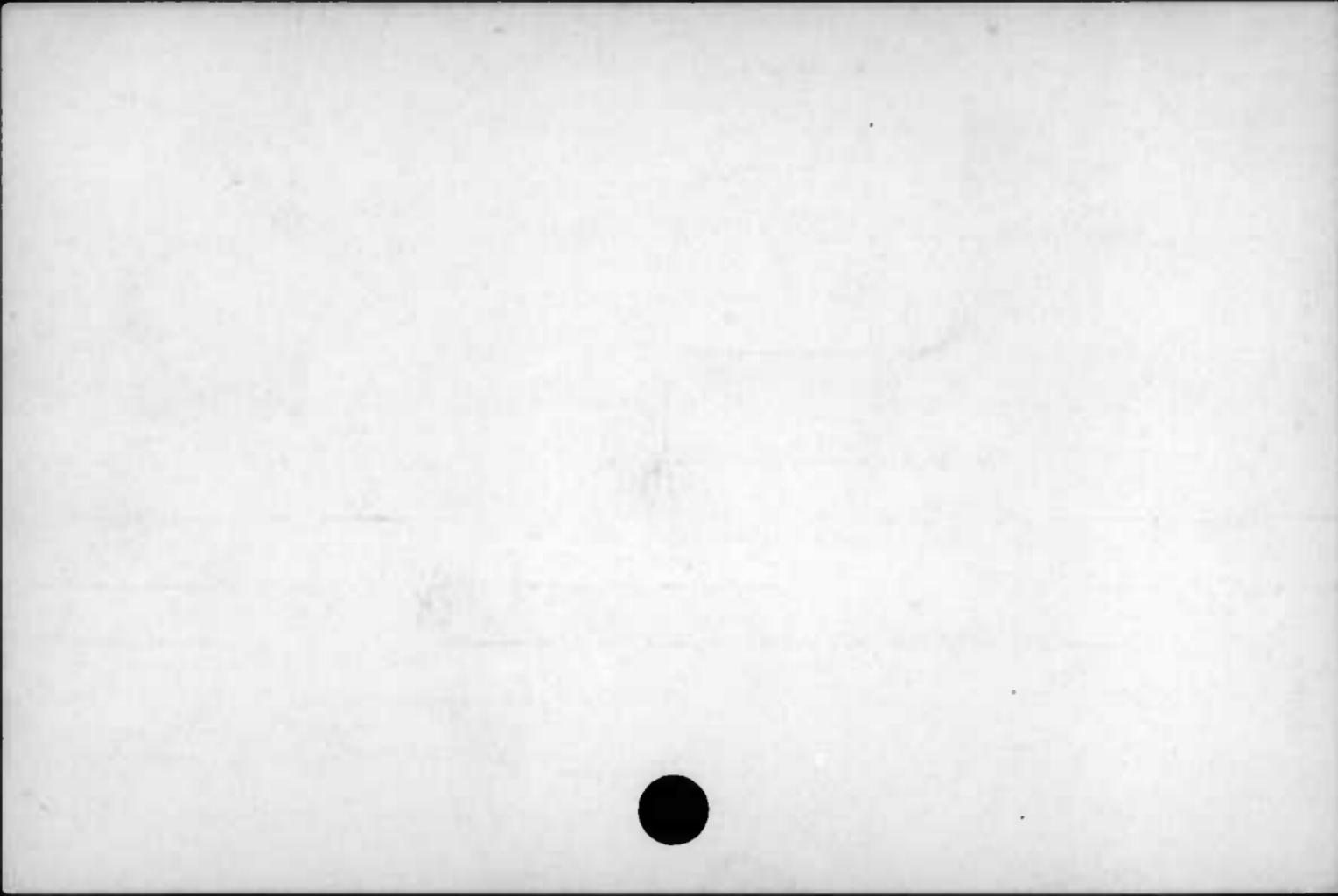
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. J. Gordon

Accident or Suicide?



Name  
in  
Full

Mary Magdalene McDonald

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at  
Cumberland

County  
Anne Arundel

MARYLAND

Date of death 1905 Month Dec Day 18 Age — Months — 3 Weeks

Sex Female

Color or Race

White

Birthplace  
Cumberland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

George W. McDonald

Father's Birthplace  
Md

Mother's Maiden Name

Josie Besson.

Mother's Birthplace  
Wisconsin

Name of person giving  
Information

George W. McDonald.

How related  
to deceased

CAUSES OF DEATH

Primary

Premature birth

How long

6 1/2 mo.

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

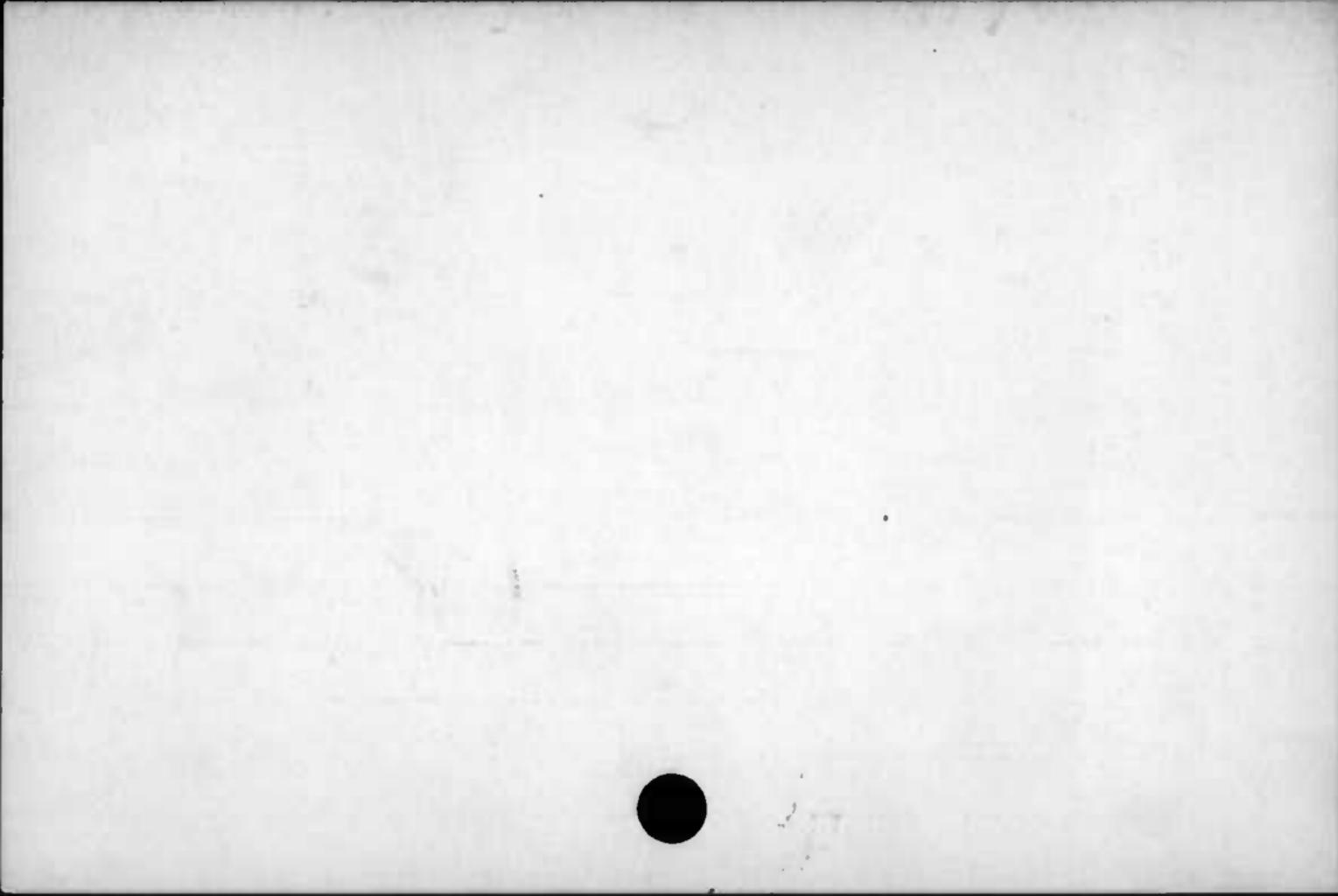
Address

Dr. E. B. Claybrooke  
Cumberland  
Md.

Accident or Suicide?

St. Pat.

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth McGowan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Daus Mountain</u>		Town	County <u>Alleghany</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>17</u>	Age <u>3</u>	Years <u>3</u>	Months <u>3</u>	Days <u>1</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Daus Mountain</u>					
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>John M. McGowan</u>	Father's Birthplace <u>Ireland</u>						
Mother's Maiden Name <u>May B. Nolan</u>	Mother's Birthplace <u>Ireland</u>						
Name of person giving information <u>May B. M. McGowan</u>	How related to deceased <u>Mother</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Suppose Pneumonia 93 How long one week

Immediate Untreated by any Physician How long

Are the name, age, sex, color, date and place correctly given above?

yes

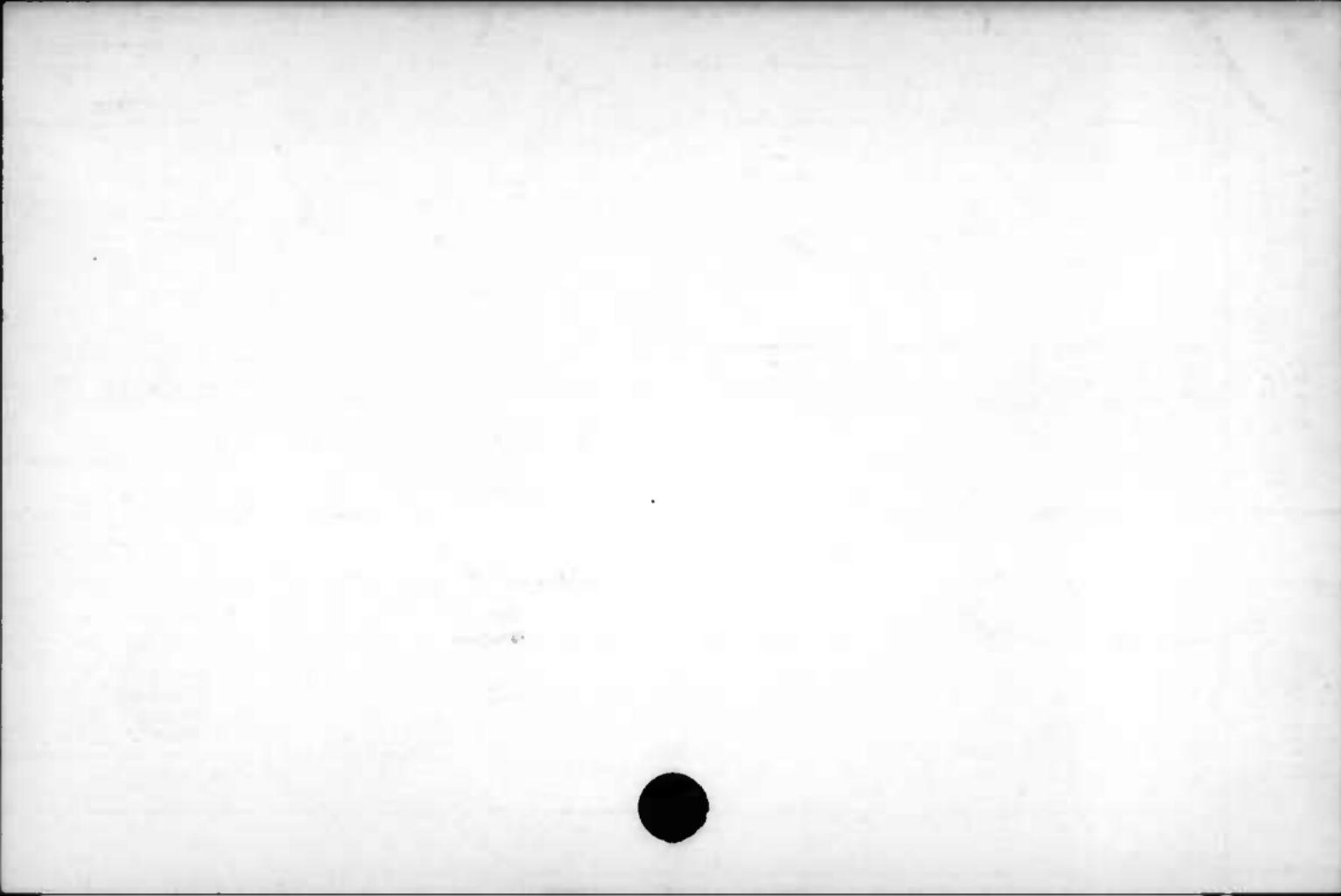
Signature of Physician

Address

Jas. O. Bullock H.O.  
Emasenier, Md.

Accident or Suicide?

no -



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND			
Date of death	190	Month	Day	Age	Years	Munths	Days	
Sex	F.	Color or Race	W.	Birth-place Beland				
Occupation	H. W.	Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband	John Malloy Beland					
Father's Name								
Mother's Maiden Name								
Name of person giving Information	Philly Brown							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis  
Bronchosclerosis

(19)

How long

Nov 15, 1915

Immediate

1/2 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. W. M. Lane  
Frostburg, Md.

Accident or Suicide?

John  
Catt

Name  
in  
Full

Wm H. Metz.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	6 Arnold	Town	County	MARYLAND		
Date of death	1905	Month Dec	Day 28	Years 60	Months -	Days -
Sex	Male	Color or Race	White	Birth- place	Hagerstown Md	
Occupation	Labourer	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Howard			
Father's Name	Deane	X				
Mother's Maiden Name	"	X				
Name of person giving Information	Mrs Elizabeth Metz	Wife				

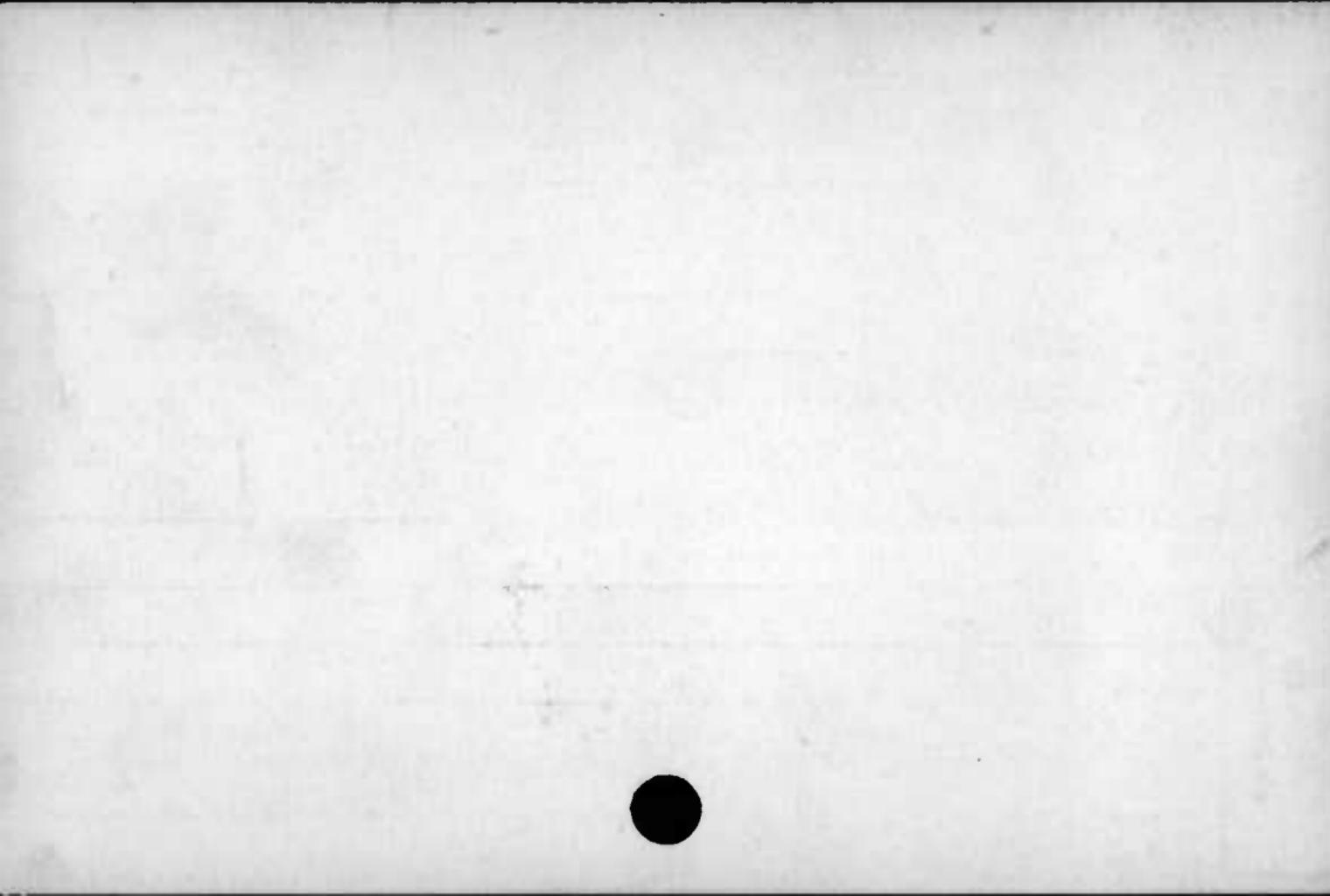
CAUSES OF DEATH

Primary	Hemorrhage of Bowels	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address

Dr J. J. Wilson  
610 Maryland  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Betha May Mikessell

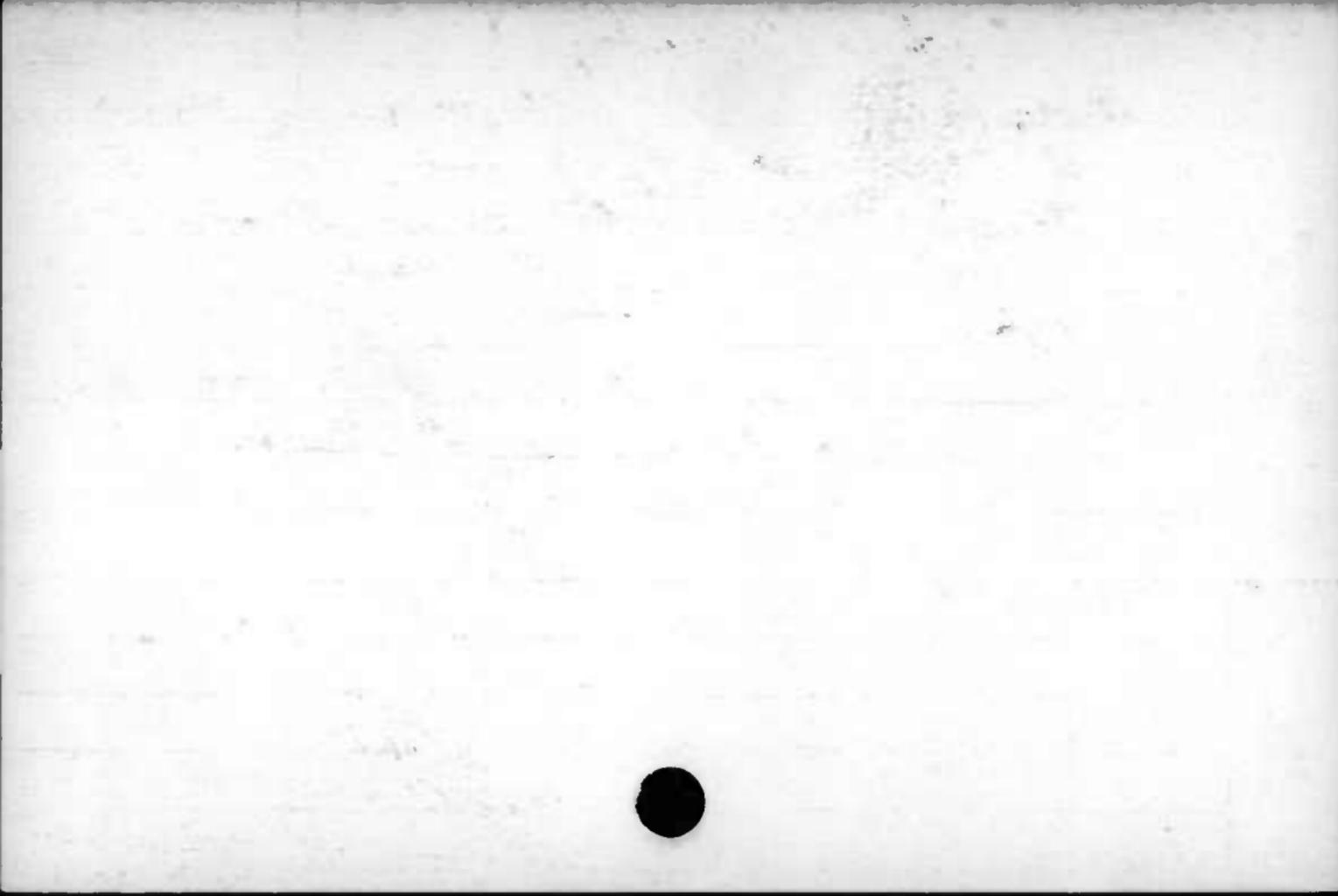
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Died at	Soda	allegany			
Date of death	1905- Dec	Day 27	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Soda Md.
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	John W. Mikessell			Father's Birthplace	Penns.
Mother's Maiden Name	Alice Sodale			Mother's Birthplace	Penns.
Name of person giving information	John W. Mikessell			How related to deceased	Father
CAUSES OF DEATH					
Primary	Whooping Cough			How long	3 weeks
Immediate	Bronchitis			How long	4 days -
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Thomas O. Bullock		
Address			Syracuse Maryland		
Accident or Suicide?			No -		

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Frontenay		allegany			
Date of death	1905	Month 12	Day 10	Age 30	Years	Months —
Sex	Male	Color or Race	White	Birth-place	U. S.	Days —
Occupation	miner	Where Residing if not at place of death			Home	
Married, Single or Widowed	S.	Name of Wife or Husband	—			
Father's Name	Patrick Moody			Father's Birthplace	Ireland	
Mother's Maiden Name	Ellen Thompson			Mother's Birthplace	U. S.	
Name of person giving Information	Wm Moody			How related to deceased	Brother	

CAUSES OF DEATH

Primary	Gun - shot wound head	How long
Immediate	"	How long 14 hours

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

John J. Moody

Address

Frontenay, Md

Accident or Suicide?

9 PM

Cath

Name  
in  
Full

Mrs. Ann Morris.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	84	1 - 7
Occupation	Housewife	Where Residing if not at place of death	England		
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph Morris..		
Father's Name	George Goodwin	Father's Birthplace	England		
Mother's Maiden Name	Joseph Morris	Mother's Birthplace	Son.		
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
Primary	Blood poisoning.			How long	4 months
Immediate	Facial & Crysipelas			How long	Five days.
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	J. C. Cobey	
			Address	Shortbury, Md.	
PHYSICIAN OR CORONER	Accident or Suicide?				

66m

Alleghany County —

John W. Murphy

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Zonacomy</u>		Town <u>Salisbury</u> County <u>Wicomico</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>7</u>	Years <u>77</u>	Months <u>10</u>	Days <u>0</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Wicomico, Md</u>				
Occupation <u>Carpenter</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary J</u>					
Father's Name <u> Jas. H. Murphy</u>	Father's Birthplace <u>Penn.</u>					
Mother's Maiden Name <u>Mary Hixenbaugh</u>	Mother's Birthplace <u>Ind.</u>					
Name of person giving Information <u>Samuel Murphy</u>	How related to deceased <u>Son</u>					
CAUSES OF DEATH						
Primary	<u>Cerebral Hemorrhage</u>					How long <u>17 years ago 14 yrs ago</u>
Immediate	<u>"</u>					How long <u>1 day</u>

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Henry M. Hodgson

Address

Zonacomy, MdAccident or Suicide? No

0-70-11-26

Name

in  
Full

Mrs. Margaret Mc Kahan Murphy

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lonaconing</u>		Town <u>Allegany</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>12</u>	Years <u>73</u>	Months <u>11</u>	Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Penn.</u>	
Occupation <u>Invalid</u>	Where Residing if not at place of death				—
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John W. Murphy</u>				
Father's Name <u>John Mc Kahan</u>			Father's Birthplace <u>Penn.</u>		
Mother's Maiden Name <u>Savay Mc Neil</u>			Mother's Birthplace <u>11</u>		
Name of person giving Information <u>Mrs. Isaac Miller</u>			How related to deceased <u>Daughter</u>		
CAUSES OF DEATH					
Primary	<u>Dementia, nephritis</u>			How long <u>4 years.</u>	
Immediate	<u>Uræmia</u>			How long <u>6 days.</u>	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>Henry W. Hodgson</u>		
			Address <u>Lonaconing, Md.</u>		

PHYSICIAN  
OR CORONERAccident or Suicide? Mr.

570-17-26

Name  
in  
Full

Curtis Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1905 - Dec.	Month	Day	Years	56	Months	7
Sex	Male	Color or Race	white	Birth-place	West Va	Days	-
Occupation	Miner	Where Residing if not at place of death			- Rachel Bobo		
Married, Single or Widowed	Married	Name of Wife or Husband	Charles Owens	Father's Birthplace	Orlando	Mother's Birthplace	England
Father's Name	Charles Owens	Mother's Maiden Name	Martha Farber	How related to deceased	Wife	Name of person giving information	Mrs Charles Owens

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Fell dead - Cause  How long not at all  
Immediate Unknown How long

Are the name, age, sex, color, date and place correctly given above?

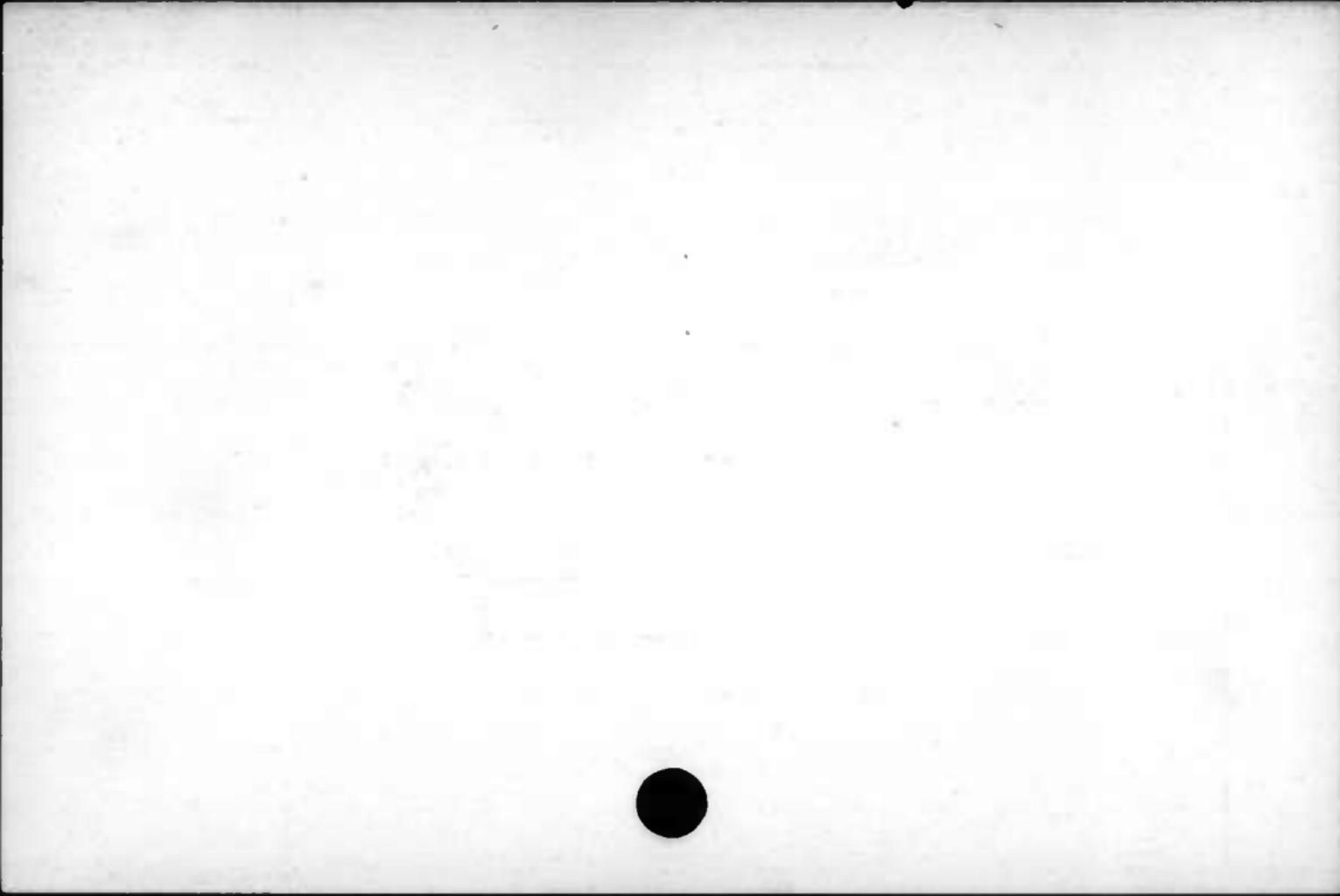
yes

Signature of Physician

Address

James Q. Bullock  
Paracordy Md.

Accident or Suicide? no



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*H*

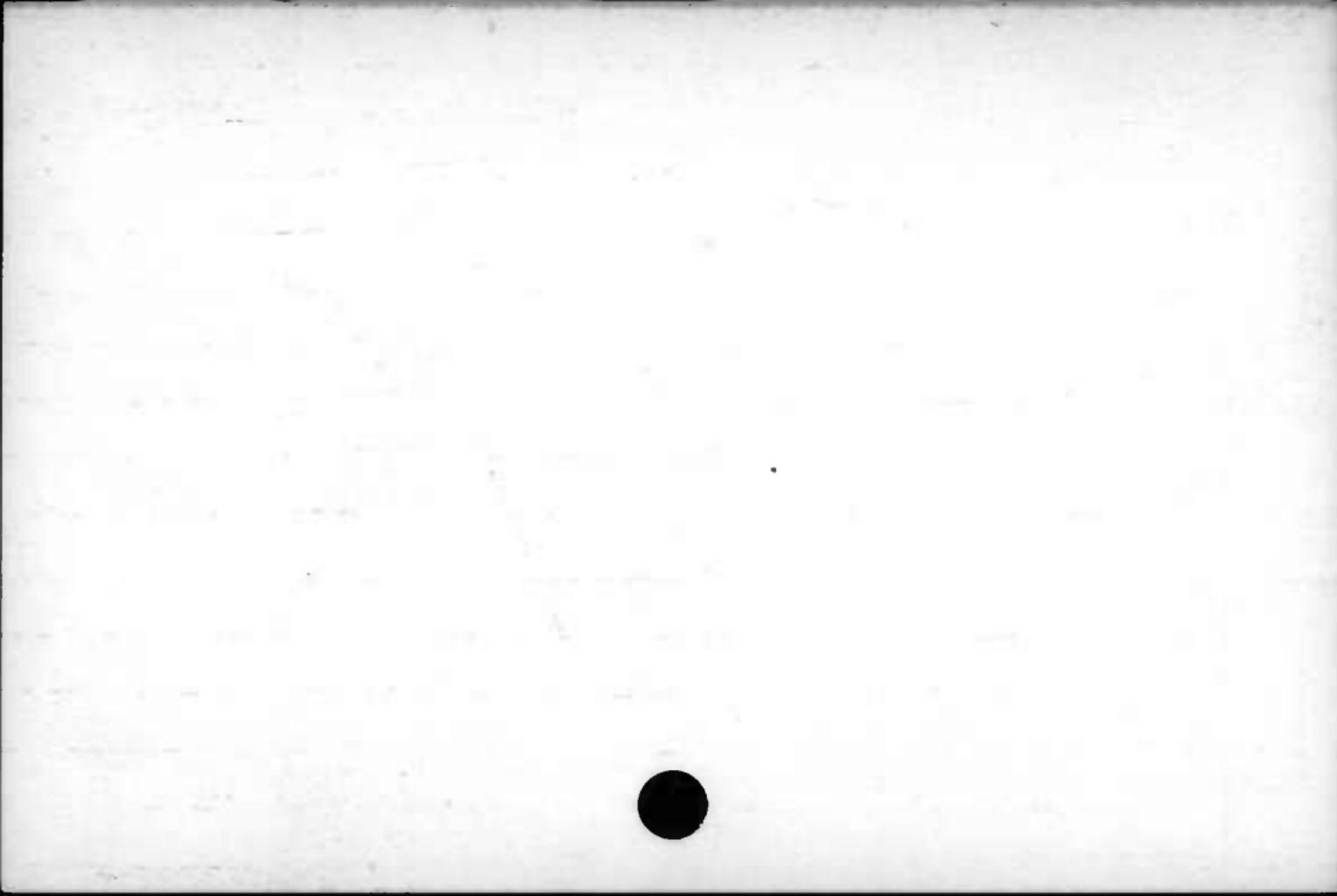
Josephine Pearson

CERTIFICATE OF DEATH

Died at <u>Lonaconing</u>		Town <u>Allegany</u> County		MARYLAND		
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>5</u>	Years <u>5</u>	Age <u>5</u>	Months <u>11</u>	Days
Sex <u>Femala</u>	Color or Race <u>White</u>	Birth-place <u>Lonaconing, Md</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Charles Pearson</u>	Father's Birthplace <u>Lonaconing</u>					
Mother's Maiden Name <u>Katherine Bushlow</u>	Mother's Birthplace <u>Lonaconing</u>					
Name of person giving information <u>Charles Pearson</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary <u>Syphleria</u>	How long <u>4 weeks</u>
Immediate <u>Acute Nephritis</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry W. Hodgeson</u>
	Address <u>Lonaconing, Md.</u>
Accident or Suicide? <u>No</u>	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

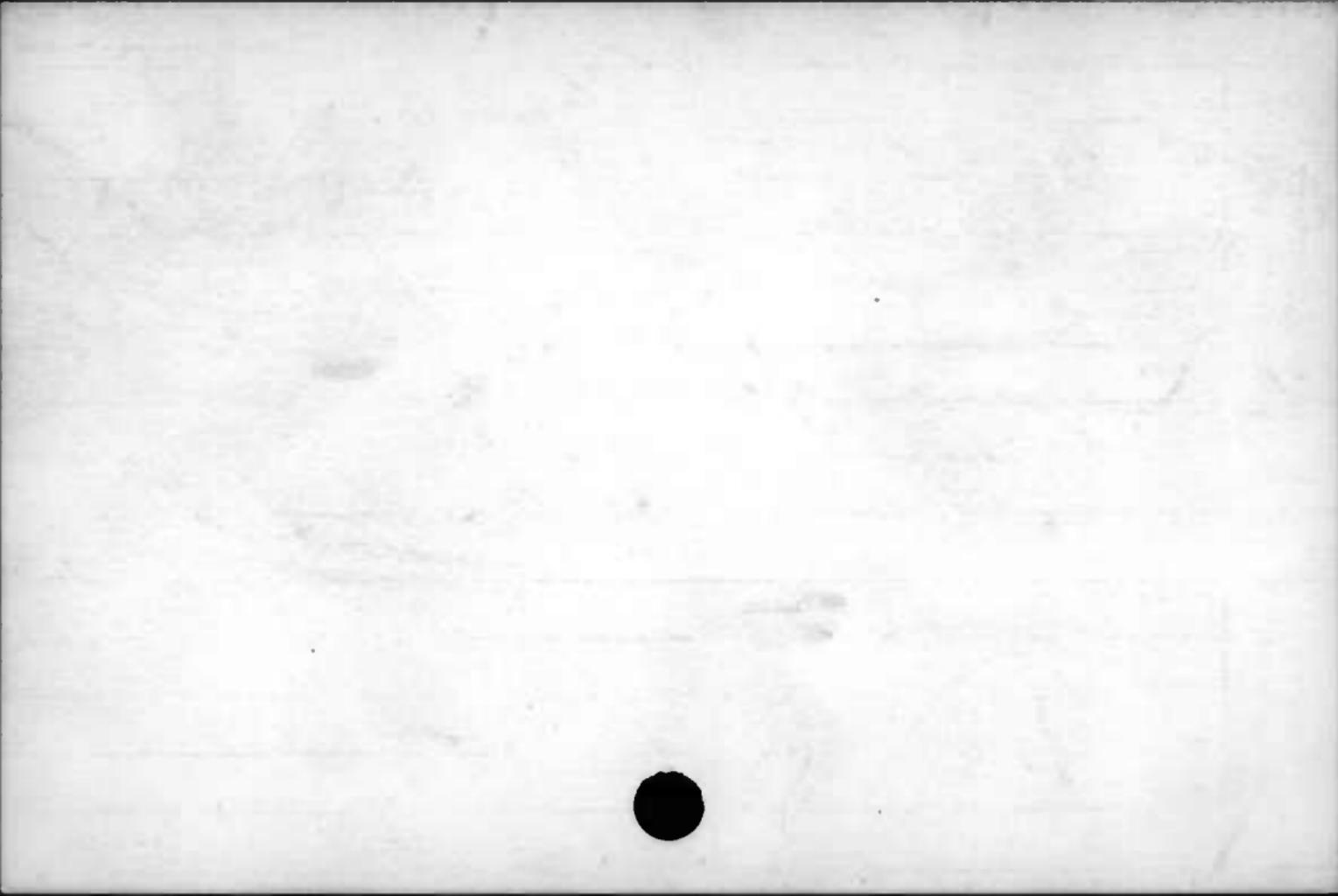
Emanuel Peck

## CERTIFICATE OF DEATH

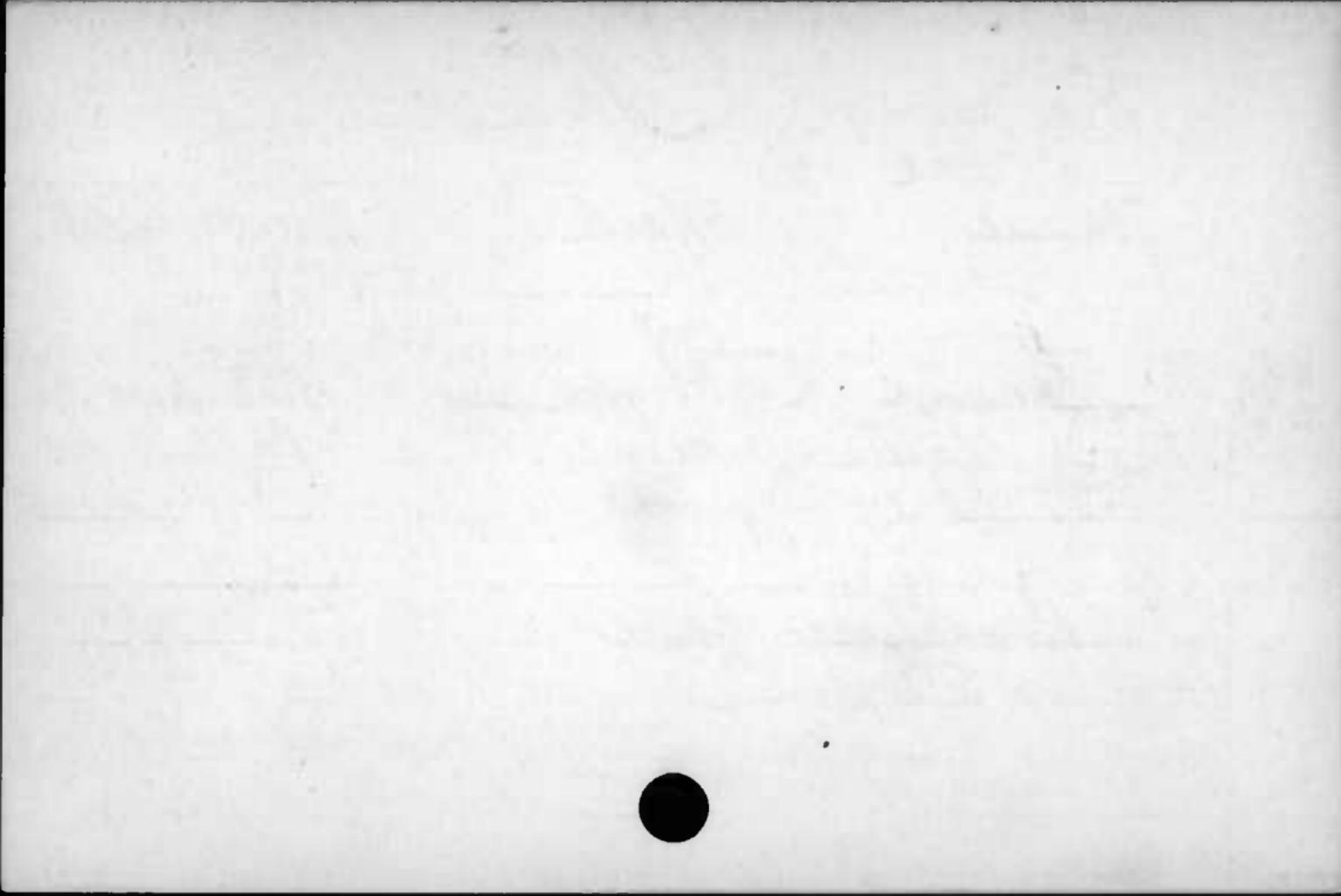
Died at		Town	County		MARYLAND		
Died at	Lake	allegany					
Date of death	1908	Month 12	Day 13	Years 20	Months 3	Days 6	
Sex	female	Color or Race	White	Birth-place Berkeley, N.Y.			
Occupation	Tife's duties		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband		Kastin Peck		
Father's Name	Frederick Danchant				Father's Birthplace Don't know		
Mother's Maiden Name	Don't know				Mother's Birthplace		
Name of person giving information	Martin Peck				How related to deceased Husband		

## CAUSES OF DEATH

Primary	Pulmonary Tuberculosis		How long
			6 or 8 months
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. H. Parsons
		Address	Liebhaupt N.Y.
Accident or Suicide?		No	



infant		Pfeifer (m b)		CERTIFICATE OF DEATH		
Died at Tunstal		County Accomack.		MARYLAND		
Date of death 190	Month Dec	Day 24	Age —	Years —	Months —	Days —
Sex male.	Color or Race	white		Birth- place	Tunstal	
Occupation —	Where Residing if not at place of death —					
Married, Single or Widowed —	Name of Wife or Husband —		Father's Birthplace			
Father's Name Christian Pfeifer	Mother's Birthplace		Germany.			
Mother's Maiden Name Josephine Houst	Name of person giving Information Christian Pfeifer S.		Mother's Birthplace "			
CAUSES OF DEATH						
Primary Preventive delivery	How long —		How long —			
Immediate —	How long —		How long —			
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Dr. G. W. Kochman		Address Do. Norfolk Va. from Superintendent			
Accident or Suicide? rose hin						



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Mt. Savage</u>		Town	County <u>Alleghany</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>8</u>	Age <u> </u>	Years <u> </u>	Months <u> </u>	Days <u> </u>	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Mt. Savage, Md.</u>					
Occupation <u> </u>	Where Residing if not at place of death <u> </u>						
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>						
Father's Name <u>George H. Pogue</u>			Father's Birthplace <u>Westinghouse</u>				
Mother's Maiden Name <u>Hattie Wilson</u>			Mother's Birthplace <u>Oakland</u>				
Name of person giving Information <u>G. L. Pogue</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

Premature Labor

How long

1 mo.

Immediate

Still-birth

How long

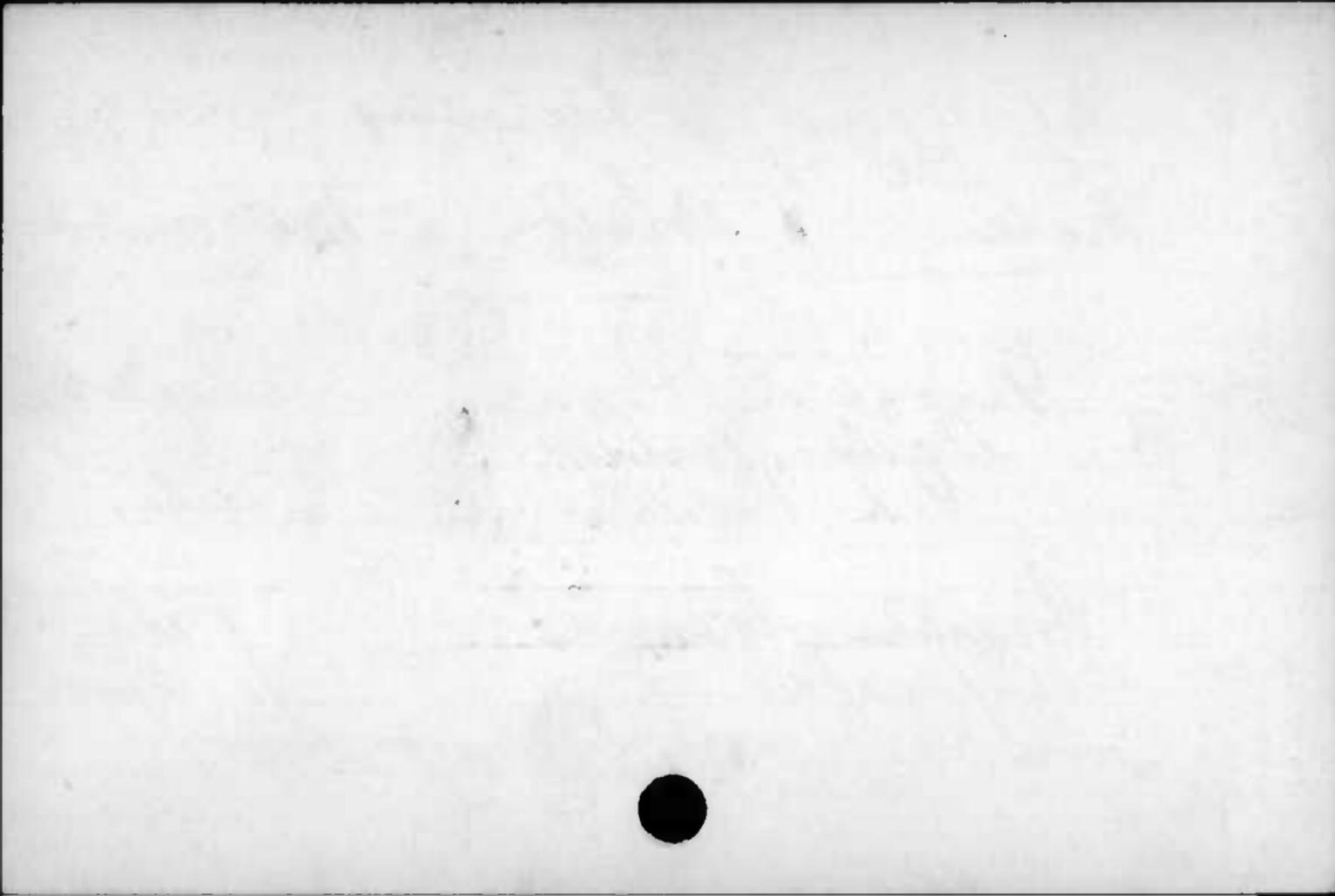
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Edward Quander, M.D.  
Mt. Savage, Md.

Accident or Suicide?



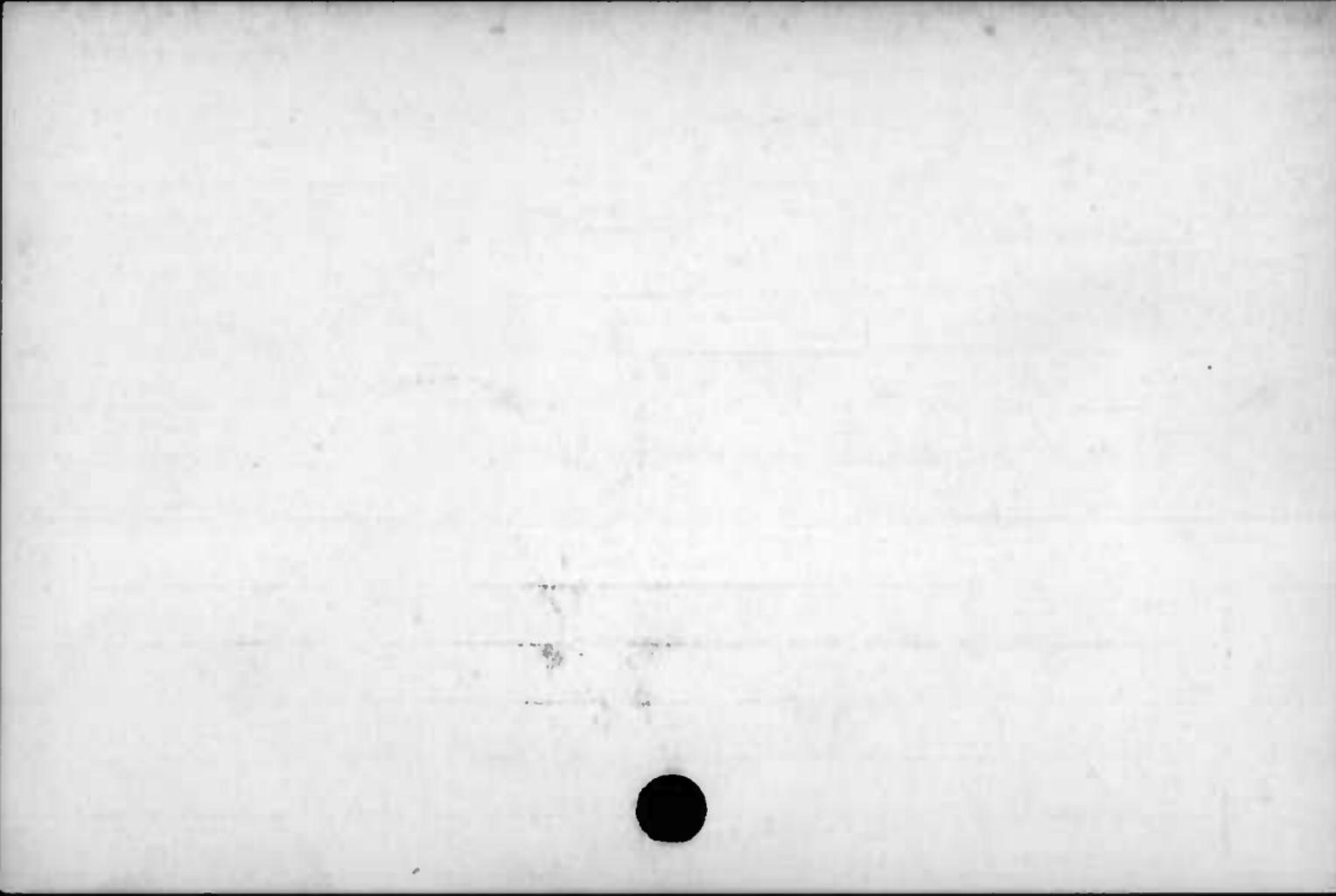
(2) Pogue

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth- place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George L. Pogue				
Mother's Maiden Name	Hattie Frelton				
Name of person giving Information	G. L. Pogue				
Father's Birthplace	Haskimpire, Md.				
Mother's Birthplace	Oakland, Md.				
How related to deceased	Father				

## CAUSES OF DEATH

Primary	Premature labor	13	How long	1 mo
Immediate	Syncope	13	How long	1 hr
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?				



Name  
in  
Full

William Reisham

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Dec	Day 10	Years 52	Months	Days
Sex	Male	Color or Race	White		Birth-place	Eckhardt
Occupation	Farmer		Where Residing if not at place of death			—
Married, Single or Widowed	Married Maria		Name of Wife	Emilia		
Father's Name	—		Father's Birthplace			—
Mother's Maiden Name	Margaretha Leidewinger		Mother's Birthplace			Germany
Name of person giving information	Albert Reisham		How related to deceased			Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

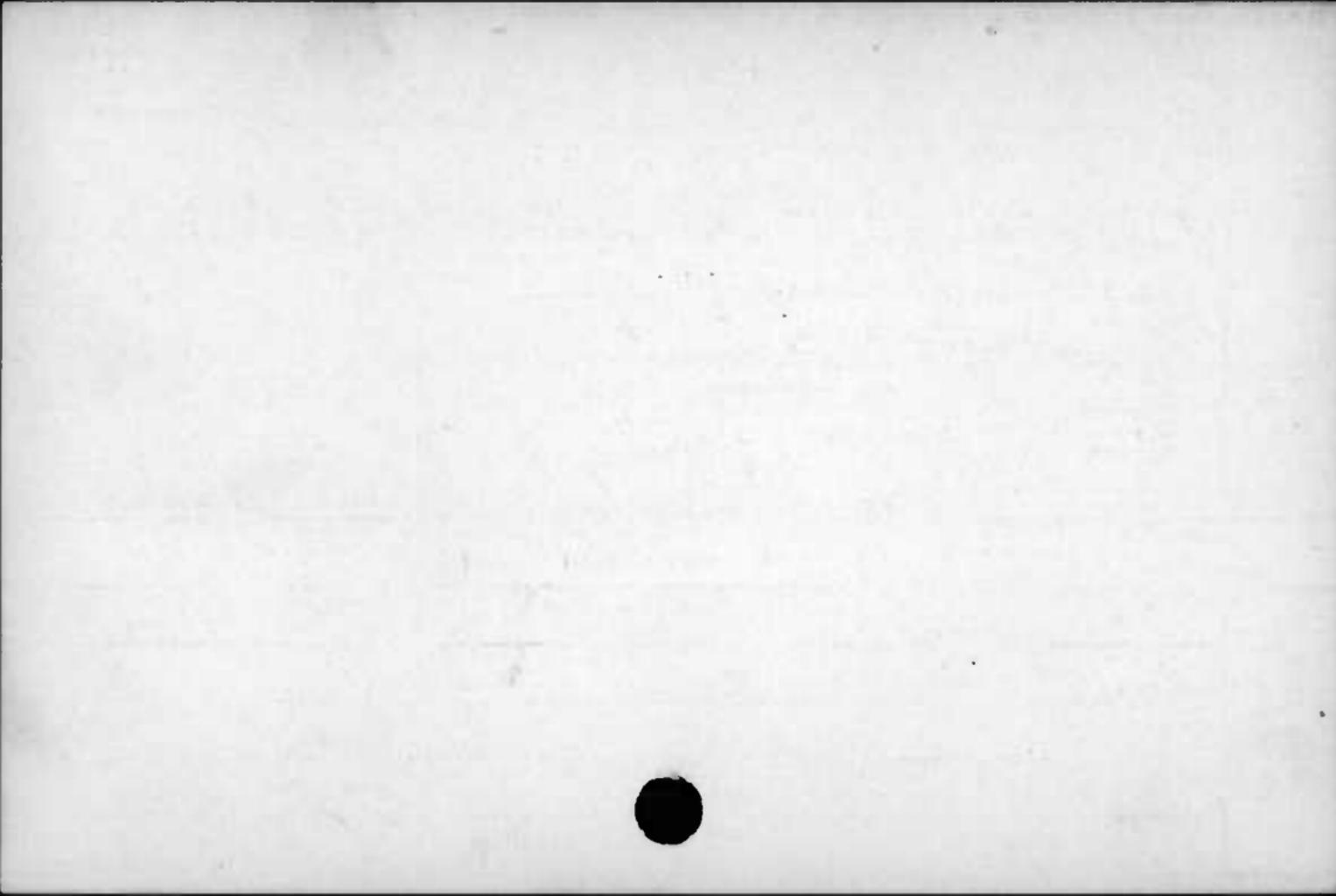
yes

Signature of Physician

Address

Dr. W. F. Triggs Stein.

Accident or Suicide?



Name  
in  
Full

Annie Ring

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name					
Mother's Maiden Name					
Name of person giving information					

Dec 15 37

Female White

Married

John Ring

John Whitman

Mc Kee

John Ring

Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Septicemia  
Exhaustion

Immediate

Are the name, age, sex, color, date and place correctly given above?

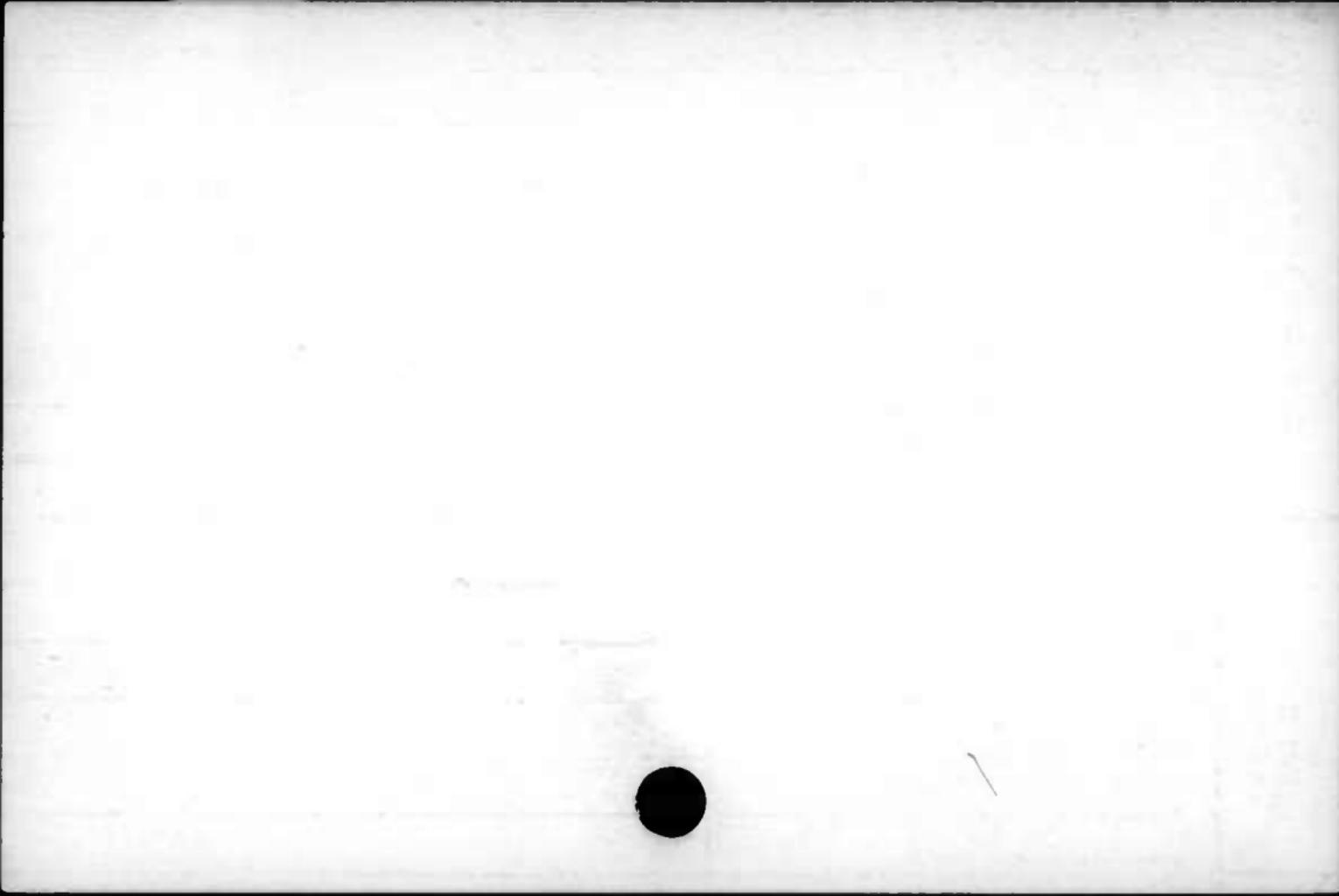
yes

Signature of Physician

Address

W. R. Hodges M.D.  
Cumberland, Md.

Accident or Suicide?



Name  
in  
Full

Louis Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Cumberland		Allegany	Months	Days	
Date of death	Month	Day	Years	Months	Days
1903	Dec.	10	41	—	—
Sex	Male	Color or Race	Age	Birth- place	
Occupation	Colored		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	—		Father's Birthplace		
Mother's Maiden Name	—		Mother's Birthplace		
Name of person giving Information	Chas. Ashley		How related to deceased		
none					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Cancer of Eye (15)

How long

Immediate  
Exhaustion

How long

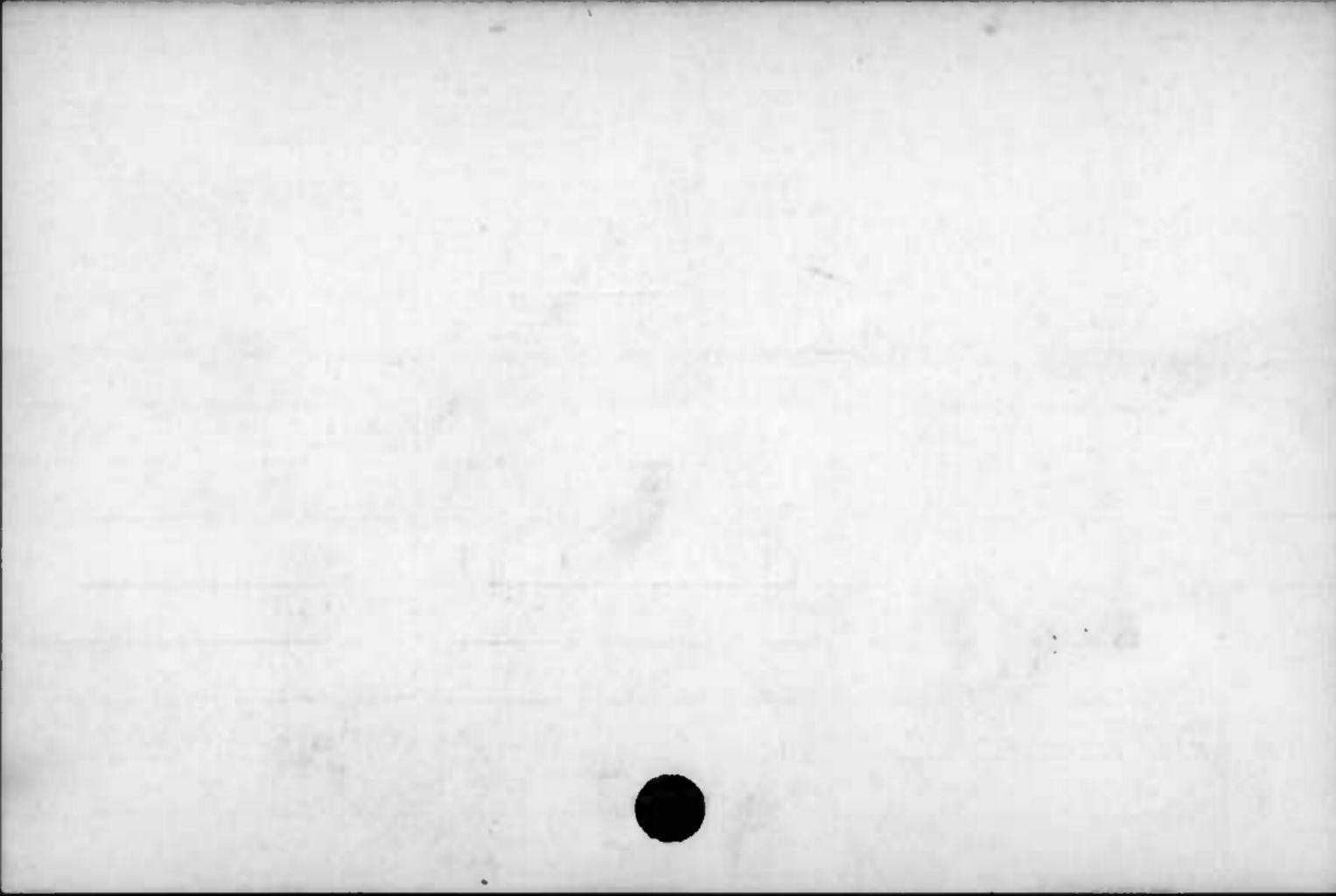
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr Geo L Carder  
Cumberland  
Md

Accident or Suicide?



Name  
in  
Full

Wes A. Robison

CERTIFICATE OF DEATH

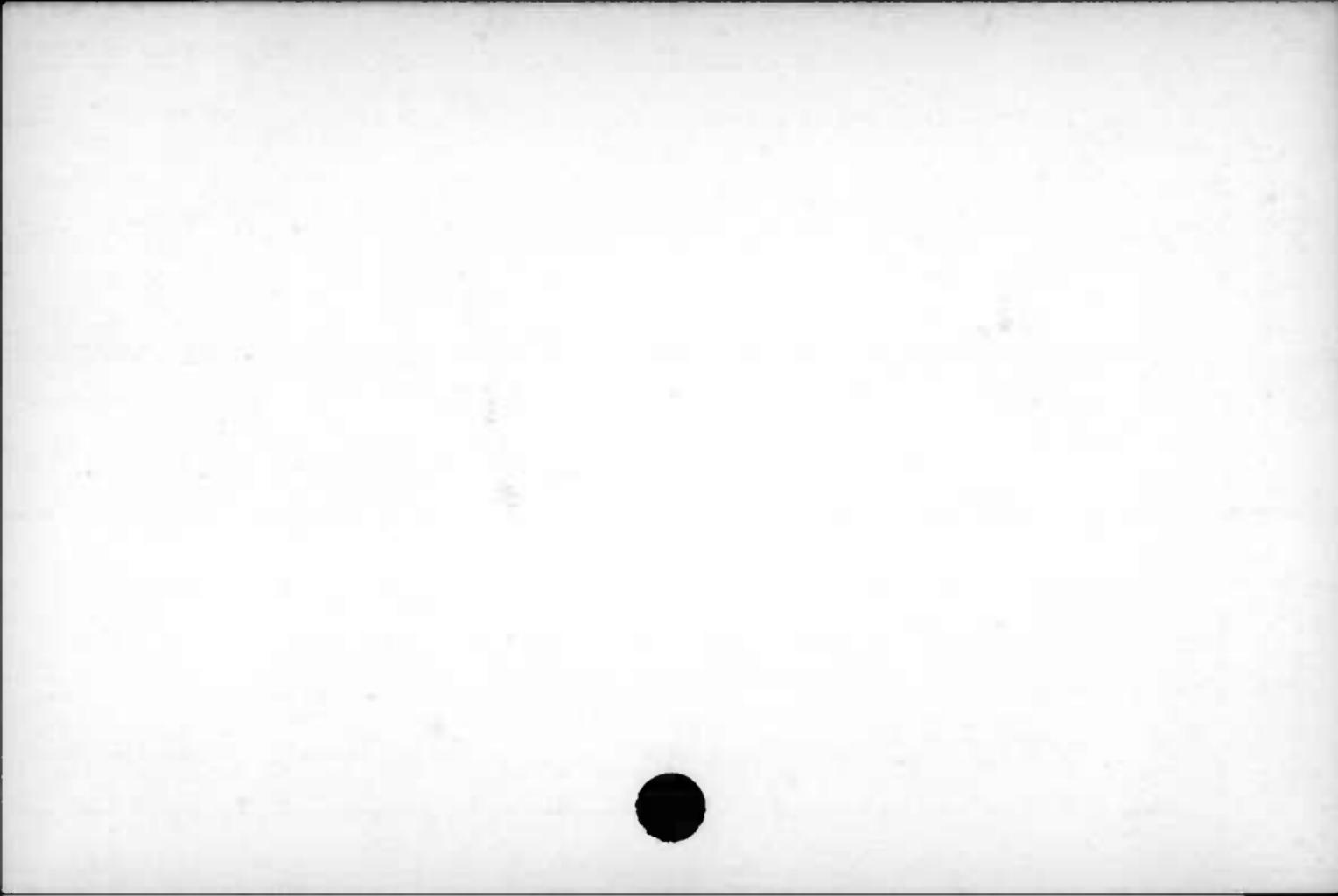
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Zorobug	Allegany			
Date of death	1905	Month	12	Day	Years	Age
Sex	male	Color or Race	white		Birth-place	Bed
Occupation	Lumberman		Where Residing if not at place of death		—	
Married, Single or Widowed	married	Name of Wife or Husband	Hann		Blocker	
Father's Name	George Robison				Father's Birthplace	Bed
Mother's Maiden Name	Rodie Preston				Mother's Birthplace	Bed
Name of person giving Information	Olin Robison				How related to deceased	Son

CAUSES OF DEATH

Primary	Cancer stomach		How long	—
Immediate	Exhaustion		How long	8 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Robison	
Address	Zorobug			
Accident or Suicide?				

PHYSICIAN  
OR CORONER



Georgiana Schley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

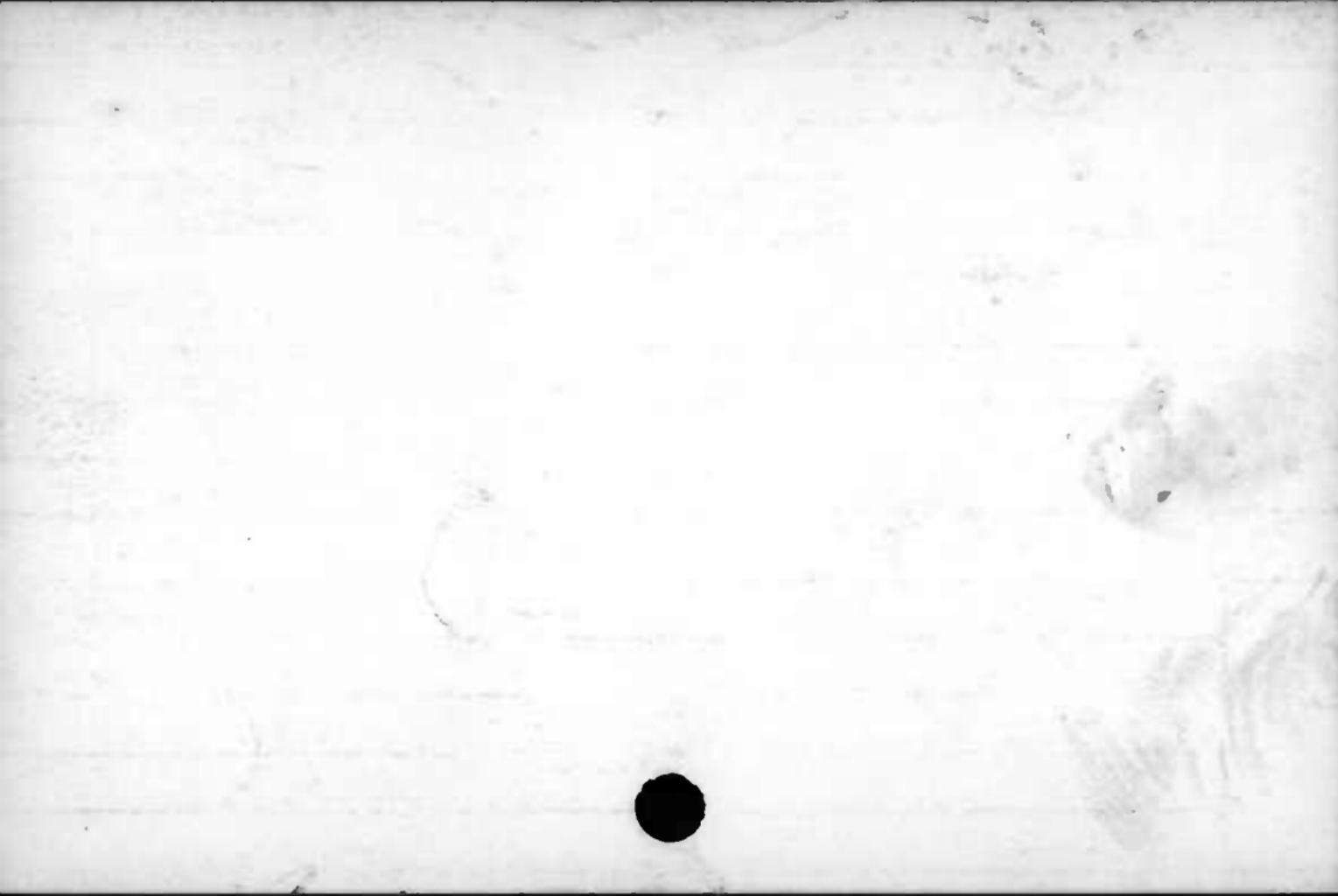
Died at		Town	County		MARYLAND		
Date of death	1905	Month Dec	Day 13	Years 34	Months 0	Days -	
Sex	Female	Color or Race	Colored		Birth-place		
Occupation	Housework		Where Residing if not at place of death		-		
Married, Single or Widowed	Widow	Name of Husband	Joseph Schley		Father's Birthplace		
Father's Name	Henry Hall		Mother's Birthplace		Maryland		
Mother's Maiden Name	Ellen Scott		Name of person giving information		Lia		
Allen Hall	V10		How related to deceased		Mother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Laryngeal Tuberculosis		How long	do not know
Immediate	Exhaustion		How long	several weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. Duke
			Address	Cumberland Md

Accident or Suicide?



Name  
in  
Full

Anthony Sweeney

CERTIFICATE OF DEATH

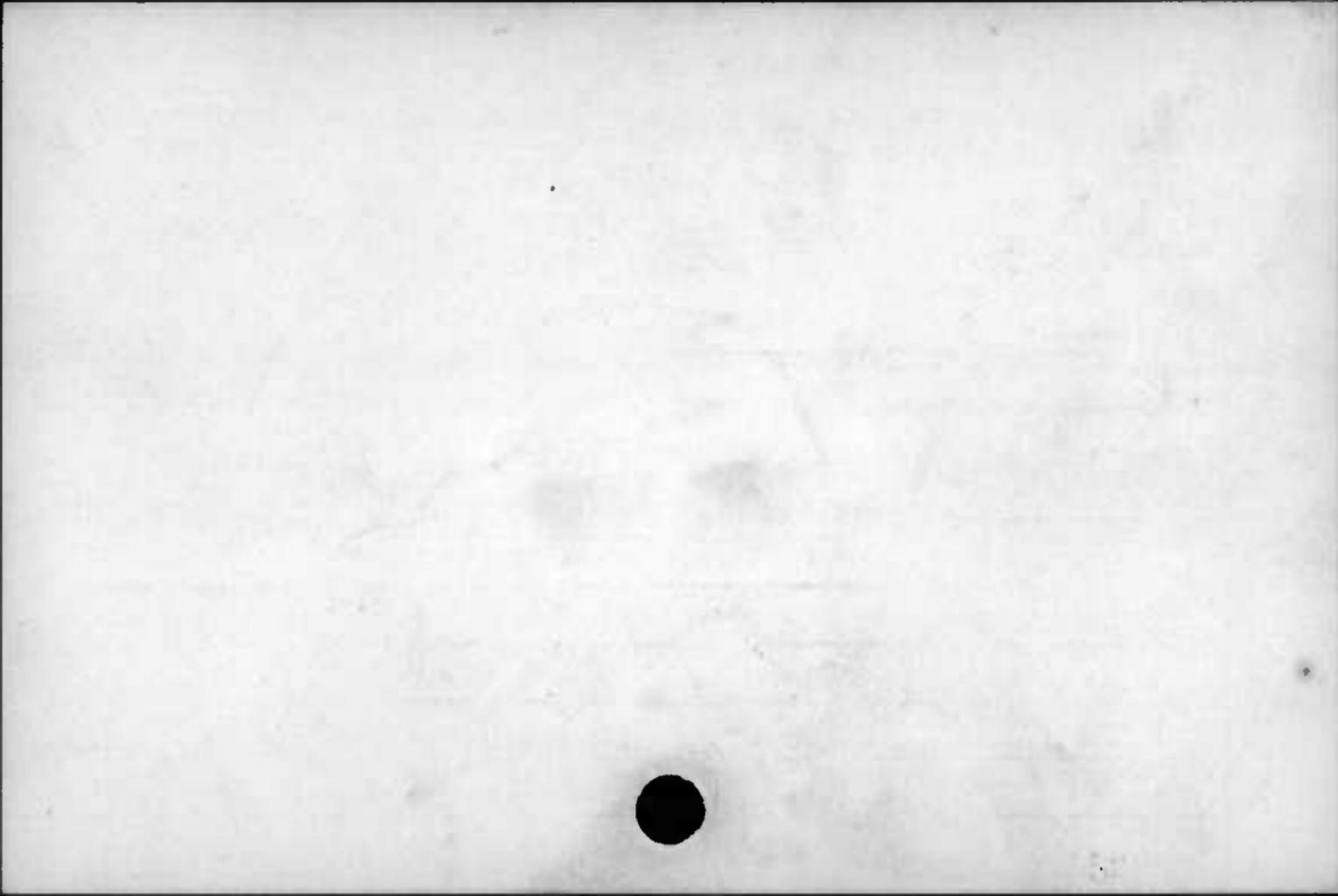
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Cumberland		County	MARYLAND	
Date of death	1905	Month Dec	Day 31	Age 52	Years — Months — Days —
Sex	Male	Color or Race	White	Birthplace	Austria
Occupation	Laborer				
Married, Single or Widowed	Single		Name of Wife or Husband	Where Residing if not at place of death	
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Given at Western Hospital				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phleumorrhage		How long	Six mos
Immediate	Exhaulement		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wardlebury	
		Address	Cumberland	
Accident or Suicide?				



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

✓  
PHYSICIAN  
OR CORONER

Still Born Simpson M.M.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1905	Month Dec	Day 9	Years	Months	Days	
Sex	Female	Color or Race	Age Still Born		Place		
Occupation	chicce		Where Residing if not at place of death		—		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	F. C. Simpson		Father's Birthplace		Pa		
Mother's Maiden Name	Margaret E. Goblet		Mother's Birthplace		me		
Name of person giving information	F. C. Simpson		How related to deceased		Goblet		

CAUSES OF DEATH

Primary

Still Born S.

How long

Immediate

Still Born

How long

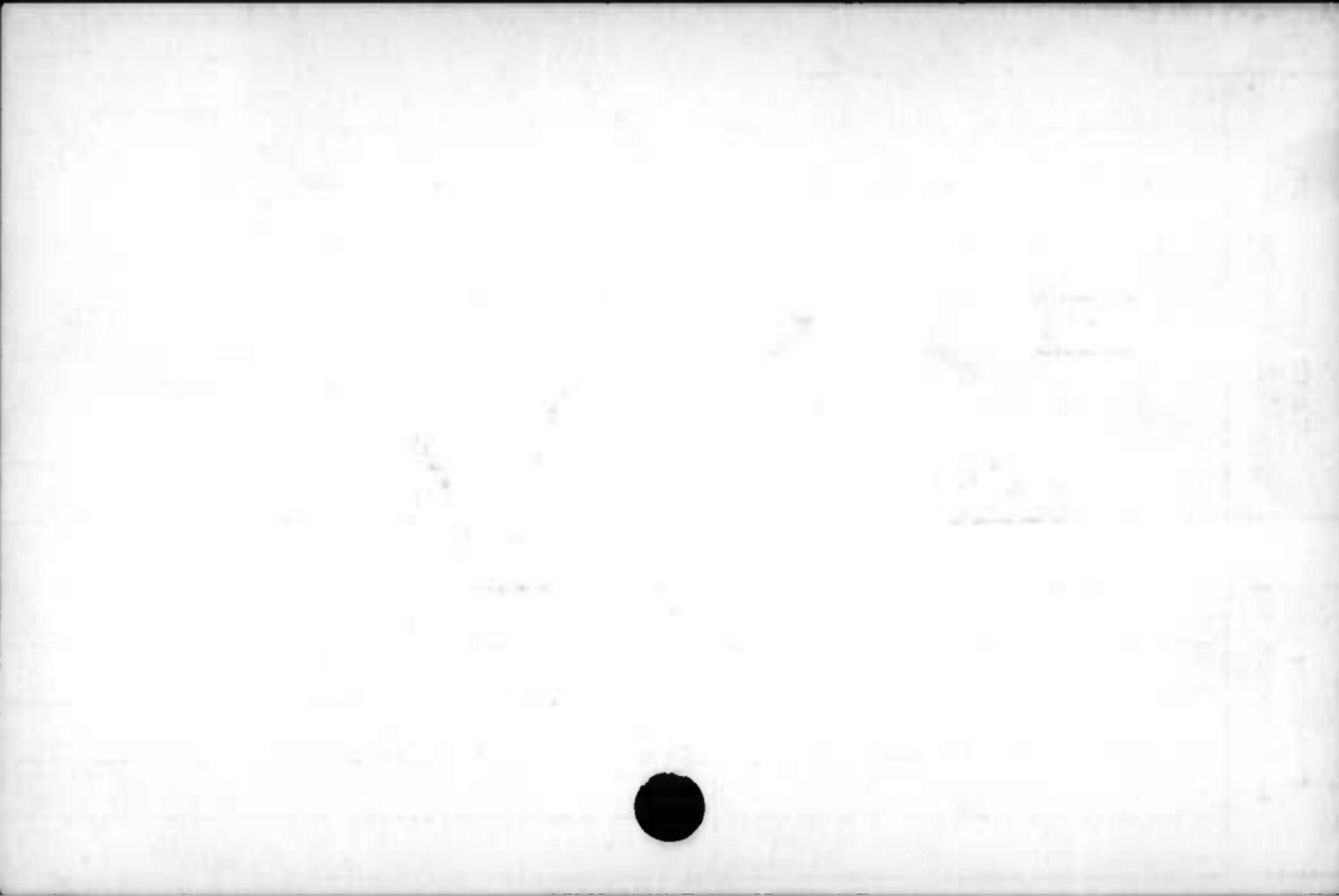
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Maryland  
Lumberton  
me

Accident or Suicide?



Name  
in  
Full

George W. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1905	Month Dec	Day 3	Years 21	Months -3	Days -
Sex	Male	Color or Race	White	Birth- place	Cumberland	
Occupation	Laborer		Where Residing if not at place of death	-		
Married, Single or Widowed	Single	Name of Wife or Husband	-	-		
Father's Name	Henry Smith		Father's Birthplace	Cumberland		
Mother's Maiden Name	Dead		Mother's Birthplace	-		
Name of person giving Information	Henry Smith		How related to deceased	Father.		
CAUSES OF DEATH						
Primary	Diphtheria Pneumonia			How long	One year	
Immediate	Exhaustion			How long	Inhalation	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. J. Goulden  
Cumberland  
Wilson, MD

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Irving J. Secondy  
Cumberland Alleyway

CERTIFICATE OF DEATH

MARYLAND

Died at Cumberland County  
Date of death 190 Month Dec Day 19 Years 51 Months 6 Days six hours

Sex Male Color or Race White Birth-place Cumberland

Occupation   Where Residing if not  
at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Irving J. Secondy

Father's Birthplace New York

Mother's Maiden Name Neelan MacFarland

Mother's Birthplace Scotland

Name of person giving information Mother

How related to deceased Mother

CAUSES OF DEATH

Primary Lung disease How long 6 months

Immediate  

How long

Are the name, age, sex, color, date and place correctly given above?

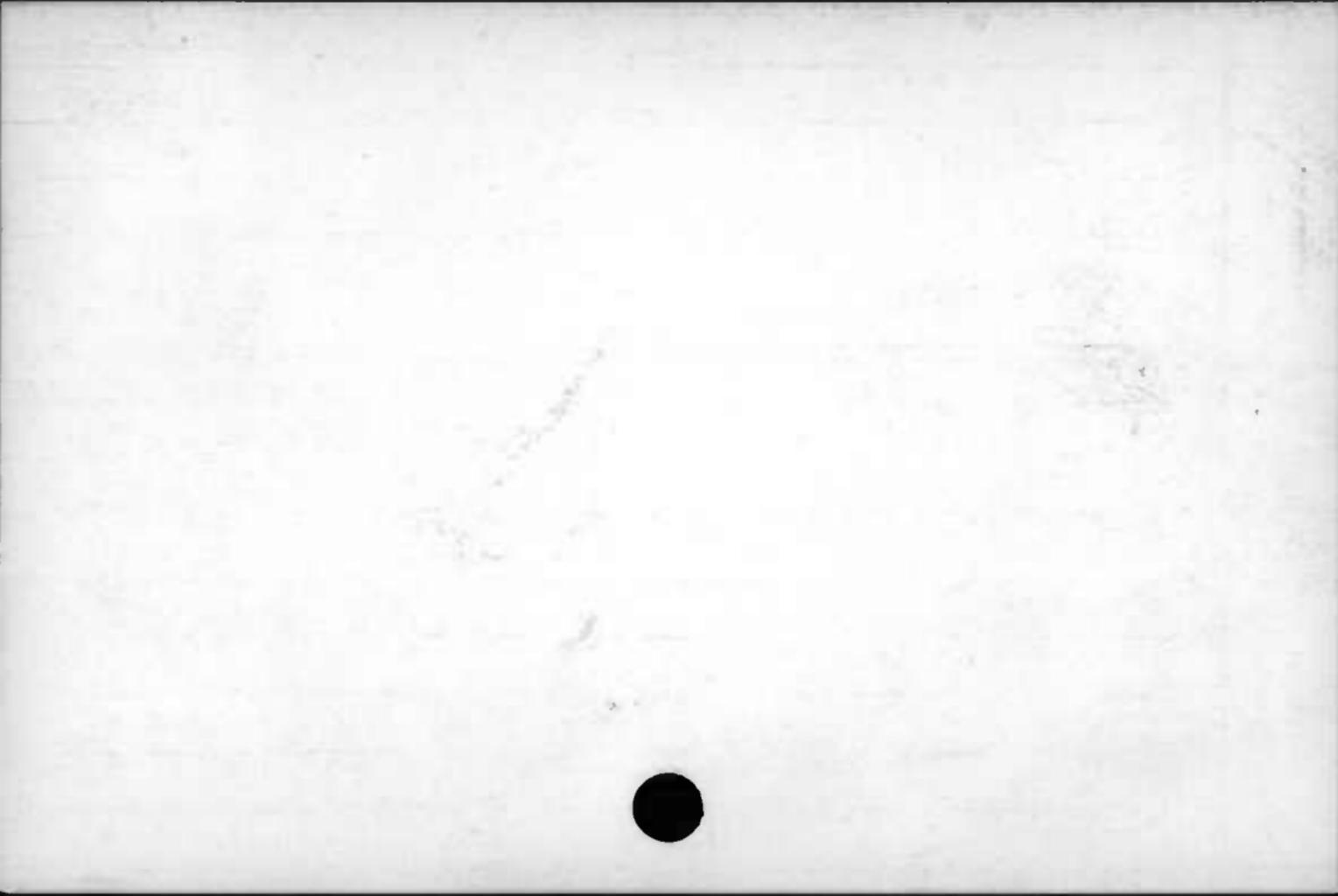
yes

Signature of Physician

Address

W H Robee  
Cumberland  
the city house

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>Dr. John P. Davis</i>				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1905	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth- place	<i>2 Linacoming</i>		
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	<i>John Dennis</i>	<del>John Dennis</del>			Father's Birthplace	<i>England</i>	
Mother's Maiden Name	<i>Dorothy Dodds</i>	<del>Dorothy Dodds</del>			Mother's Birthplace	<i>Flaithorpe</i>	
Name of person giving Information	<i>John Dennis</i>	<del>John Dennis</del>			How related to deceased		

CAUSES OF DEATH

Primary

*Whooping Cough*

How long

*Two weeks*

Immediate

*Cerebral*

How long

*48 hours*

Are the name, age, sex, color, date  
and place correctly given above?

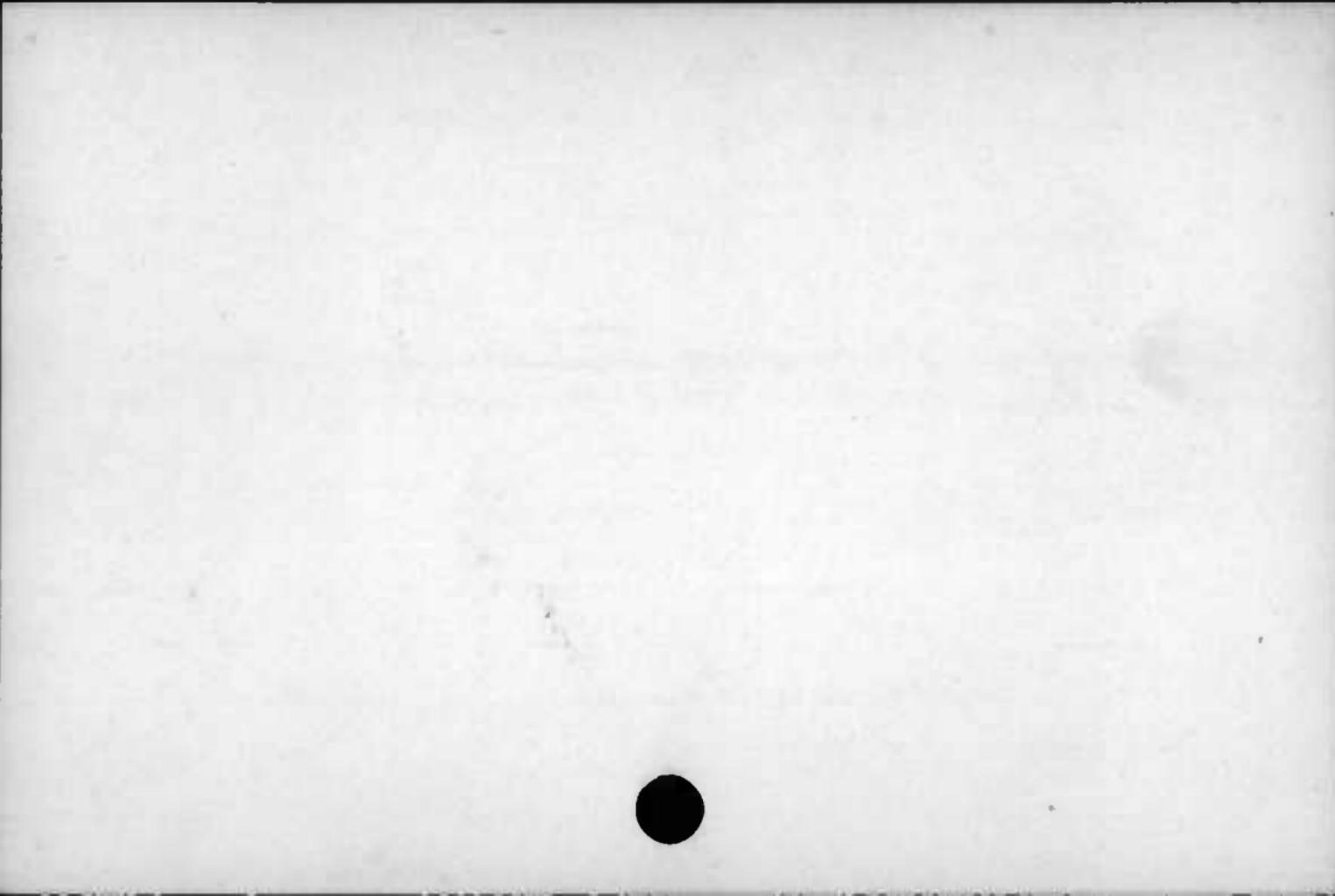
*Yes*

Signature of  
Physician

Address

*W. C. Spilling MD*  
*Linacoming.*

Accident or Suicide?



Name  
in  
Full

Hazel Virginia Valentine

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumberland Town Alley County MARYLAND  
Date of death 1905 Month Dec Day 16 Years — Months 1 Days 7  
Sex Female Color or Race White Birth-place Cumberland  
Occupation — Where Residing if not at place of death —  
Married, Single or Widowed — Name of Wife or Husband —  
Father's Name William Valentine Father's Birthplace W.M.  
Mother's Maiden Name Ollie Celestia Mother's Birthplace M.M.  
Name of person giving information William Valentine How related to deceased Father.

CAUSES OF DEATH

✓  
PHYSICIAN  
OR CORONER

Primary.

Immediate

Præsamonide

163

How long

How long

5 Dyo.

Are the name, age, sex, color, date and place correctly given above?

yes.

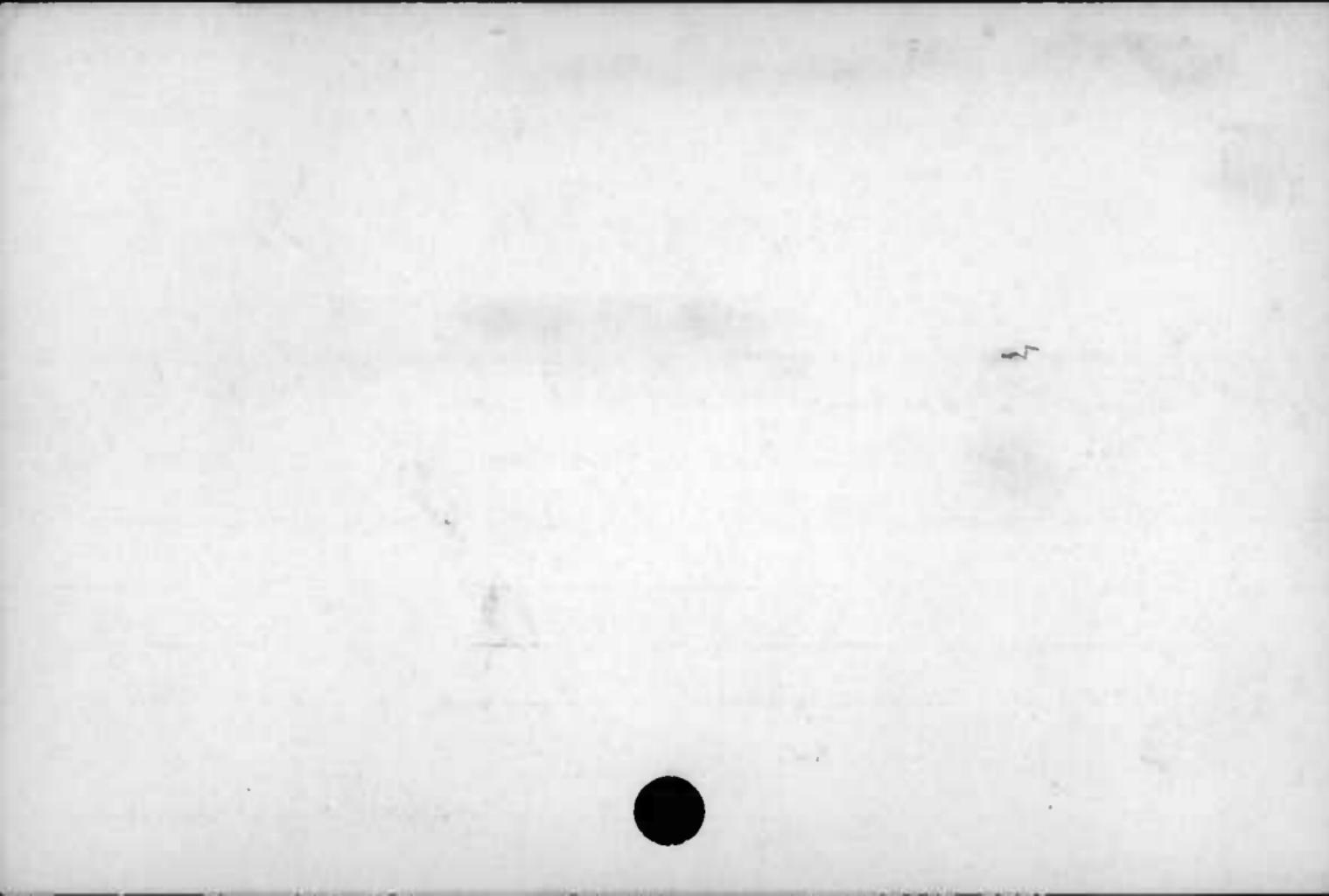
Signature of Physician

Address

E. H. White Dr

Accident or Suicide?

none.



Name  
in  
Full

Elmer Bell Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month 12	Day 30	Age 1	Years	Months 7	Days
Sex	Male	Color or Race	Colored		Birth- place	Maryland	
Occupation	Child		Where Residing if not at place of death				
Married, Single or Widowed	X		Name of Wife or Husband				
Father's Name	Joseph Washington				Father's Birthplace	WVa	
Mother's Maiden Name	Odie Tord				Mother's Birthplace	WVa	
Name of person giving Information	Hoses Thompson				How related to deceased	Cousin	

Dr Abbott

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Ignition (105)

How long

2 day.

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

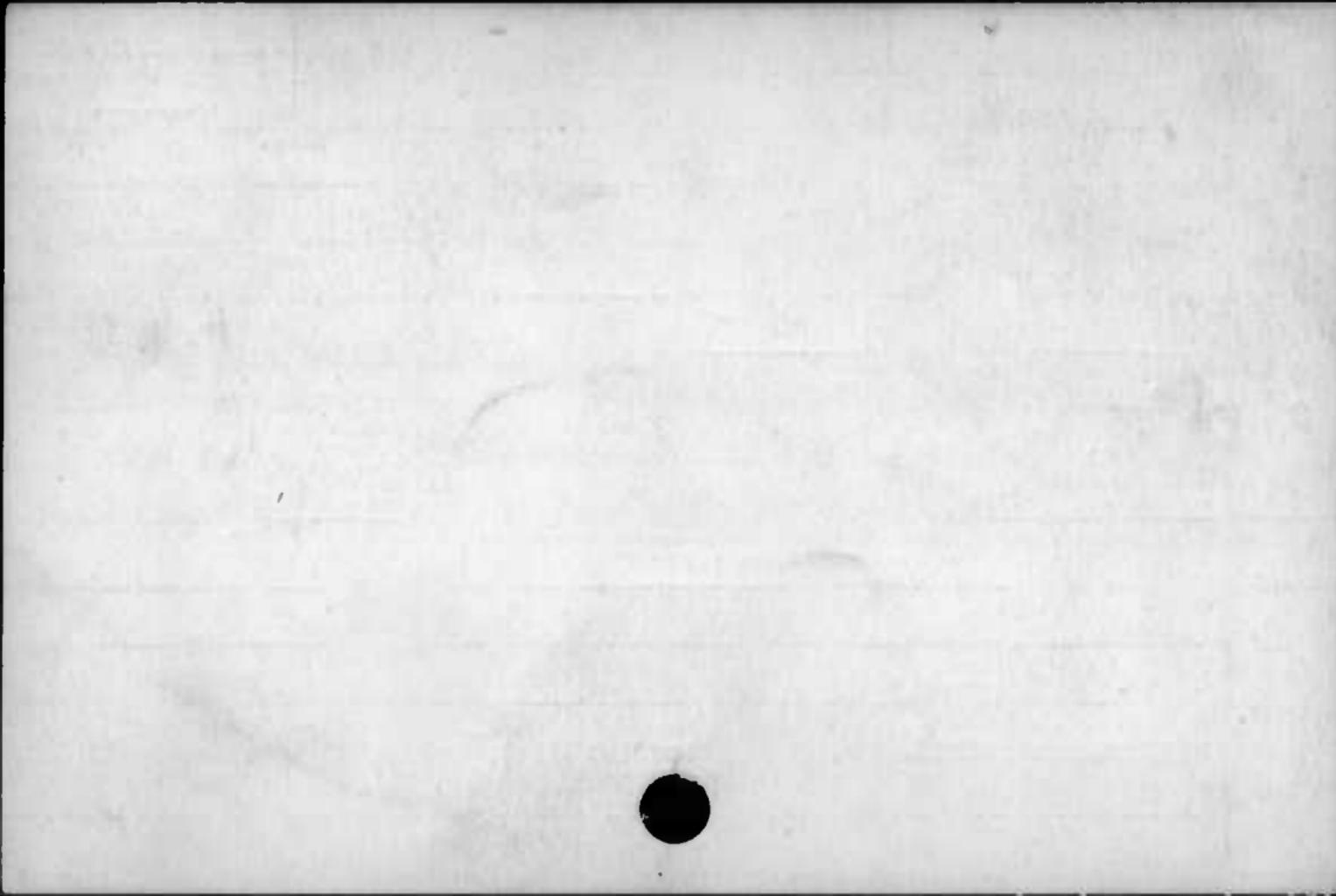
yes

Signature of  
Physician

Address

J. E. Abbott  
Bridgewater  
W. Va.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

infant				White (M M)				CERTIFICATE OF DEATH		
Died at		Town		County		MARYLAND				
Date of death	1905	Month Dec	Day 14	Years —	Age —	Months —	Days —			
Sex	Male	Color or Race	White	Birth-place	Baltimore					
Occupation	—			Where Residing if not at place of death	—					
Married, Single or Widowed	—	Name of Wife or Husband	—							
Father's Name	George W. White			Father's Birthplace	W. Va					
Mother's Maiden Name	annie M. Eshenback			Mother's Birthplace	Baltimore					
Name of person giving Information	George W. White			How related to deceased	Father					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Born

S.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

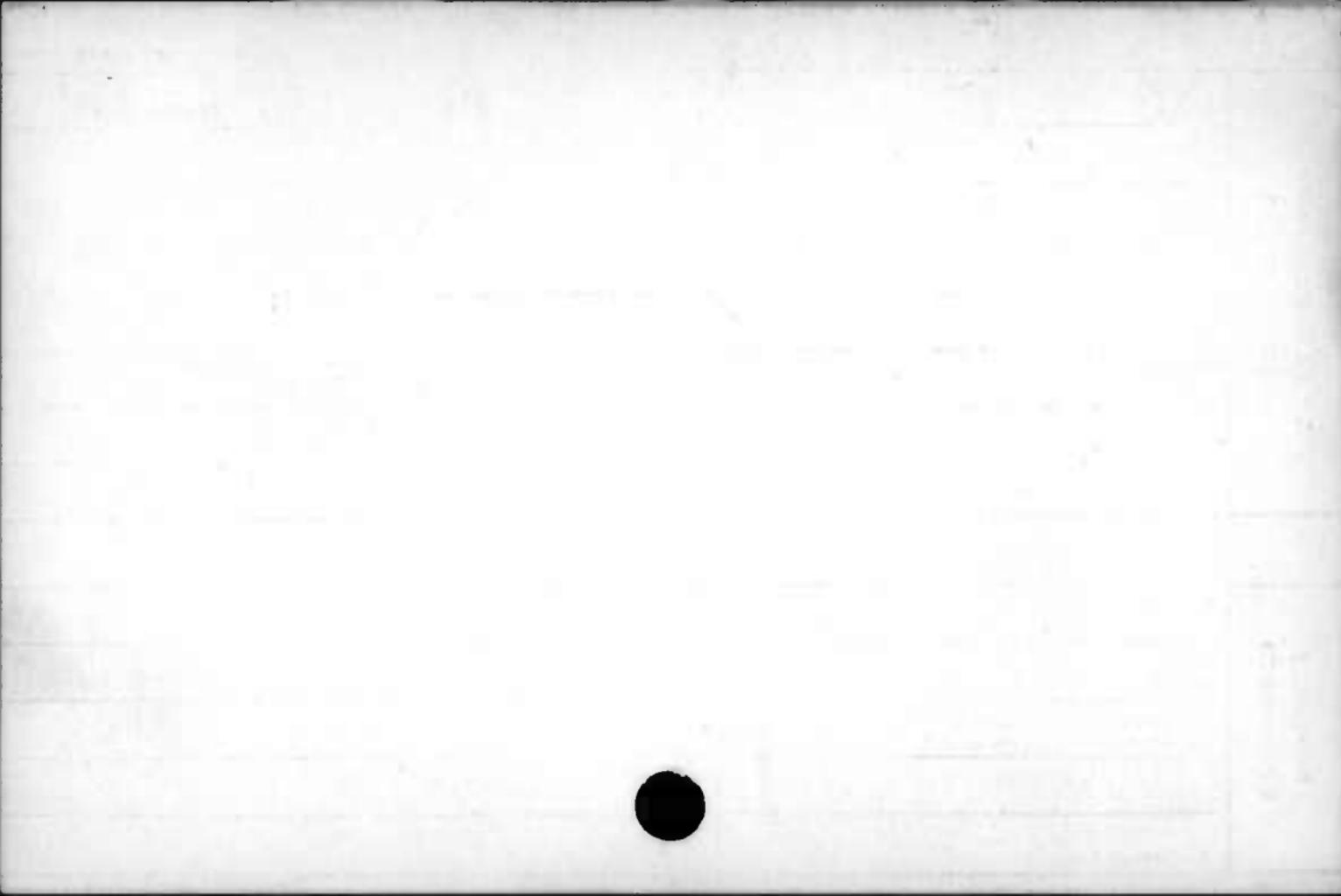
yes

Signature of Physician

Address

Honesville  
Cumberland and

Accident or Suicide?



Name  
in  
Full

Wills

CERTIFICATE OF DEATH

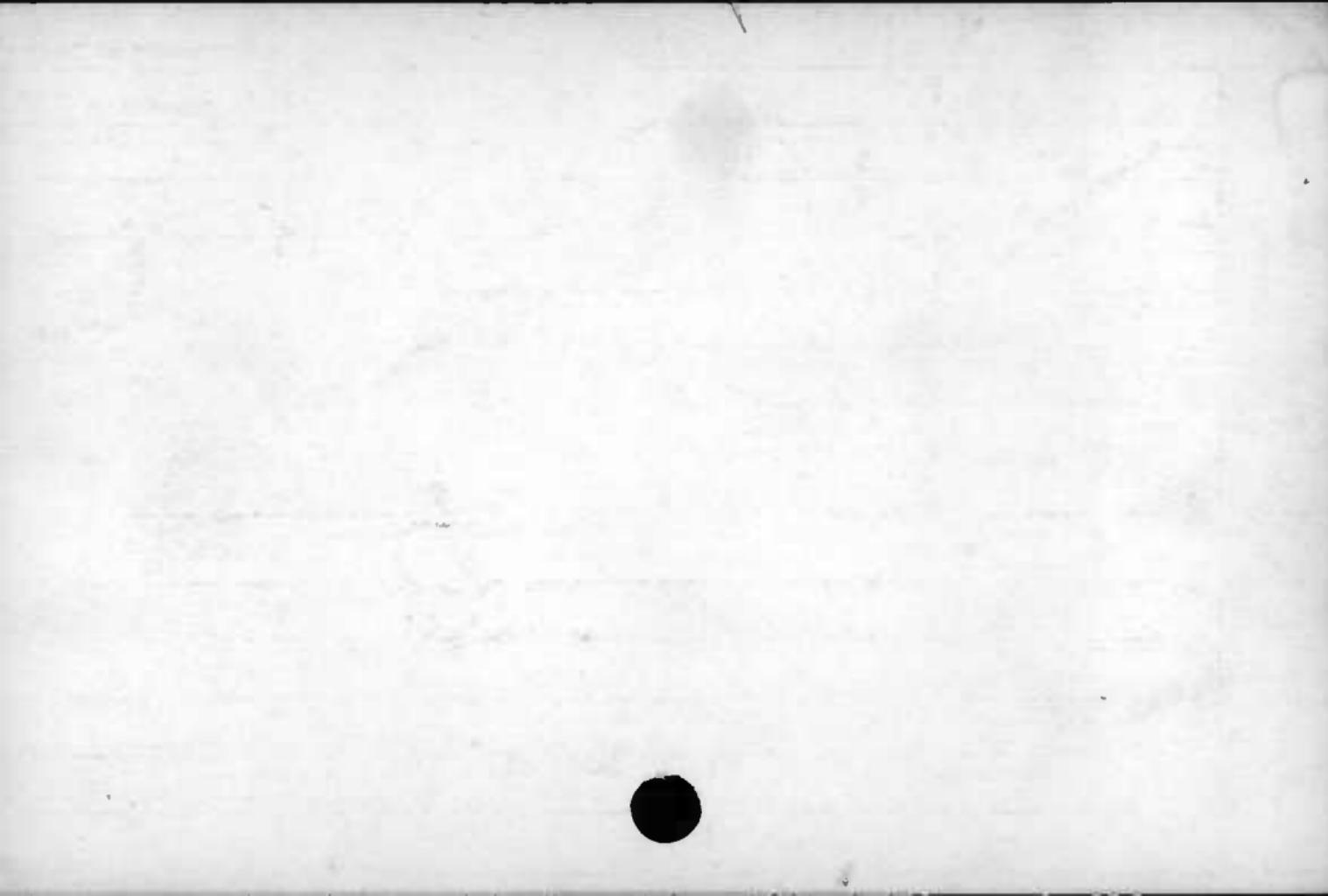
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	W.M. Sarge	Town	Allegany	County	MARYLAND			
Date of death	1905	Month	Dec	Day	3	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	W.M. Sarge			
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband							
Father's Name	John Griffith				Father's Birthplace		P.C.	
Mother's Maiden Name	Rose Wills				Mother's Birthplace		W.M. Sarge	
Name of person giving information					How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Stillborn S.		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	F. Alvin E. Murray	
	Address	W.M. Sarge	
Accident or Suicide?			



Name  
in  
Full

Wm. Henry Wilt

CERTIFICATE OF DEATH

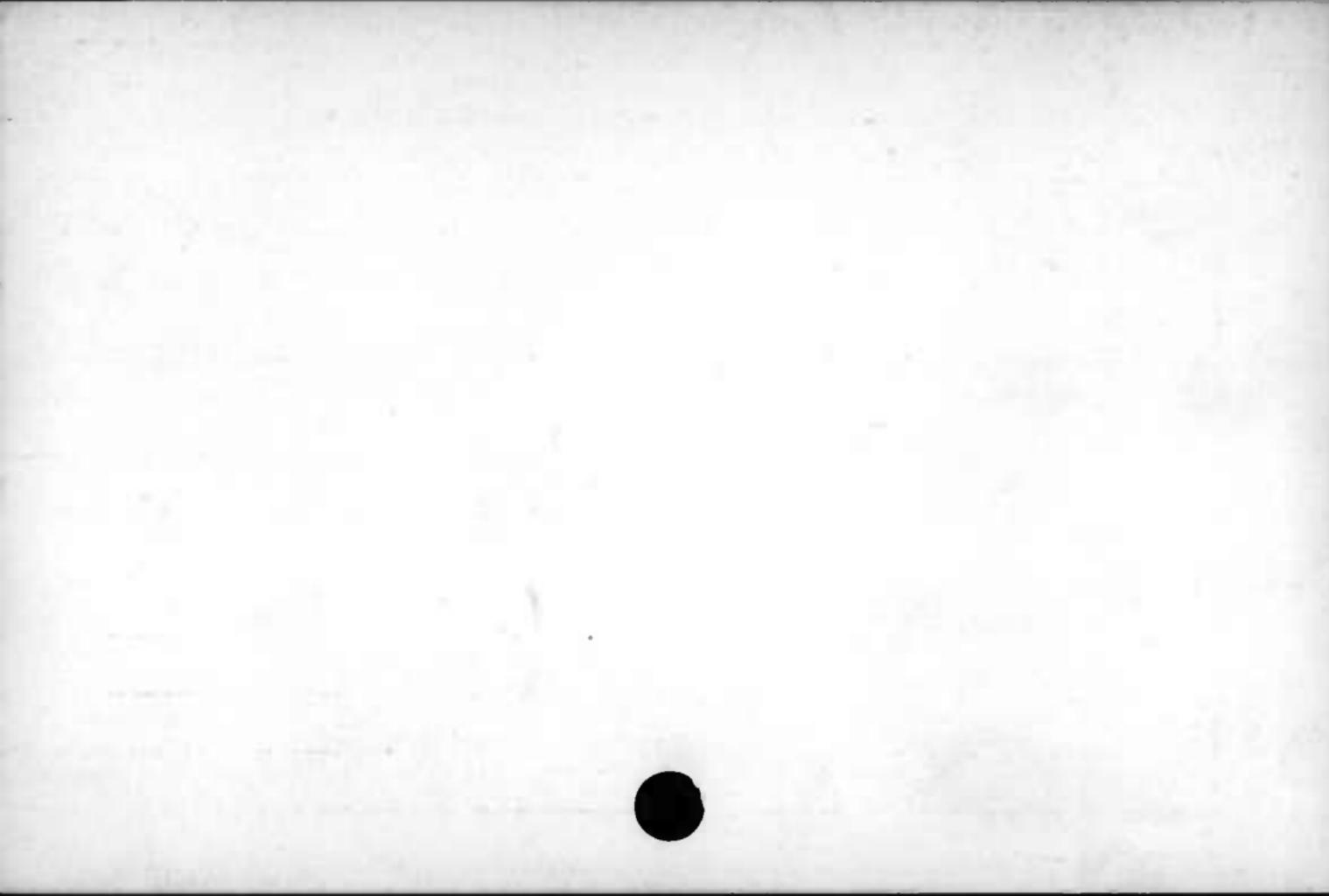
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Barton</u>		Town <u>Allegany</u> County		MARYLAND		
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>20</u>	Age <u>65</u>	Years	Months <u>6</u>	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u>Farmer</u>		Birthplace <u>Gardner Co. Md.</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elizabeth Broadwater</u>		Father's Birthplace <u>✓</u>			
Father's Name <u>Theo. Wilt</u>	Mother's Maiden Name <u>✓</u>		Mother's Birthplace <u>✓</u>			
Name of person giving Information <u>Chas Auster</u>	How related to deceased <u>step. Son</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pericarditis</u>	How long <u>about 2 month</u>
Immediate <u>Uraemic Coma</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	<u>S. A. Bouchard</u> <u>Barton Md</u>



Name  
in  
Full

Russell L. Wolfard

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> Town		County <u>Alleghany</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>30</u>	Age <u>7</u> Years	Months <u>15</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cumberland</u>			
Occupation					
Married, Single or Widowed		Where Residing if not at place of death			
Father's Name	<u>Frank T. Wolfard</u>			Father's Birthplace	<u>Elmira</u>
Mother's Maiden Name	<u>Edna Wilson</u>			Mother's Birthplace	<u>11</u>
Name of person giving information	<u>Frank T. Wolfard</u>			How related to deceased	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	<u>Whooping Cough</u>	<u>Bronchitis</u>	How long	<u>Several weeks</u>
Immediate	<u>Tuberculosis</u>	<u>18</u>	How long	<u>Four days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>John W. Custer</u>	
		Address	<u>Cumberland</u>	
			<u>Maryland</u>	
Accident or Suicide?				

